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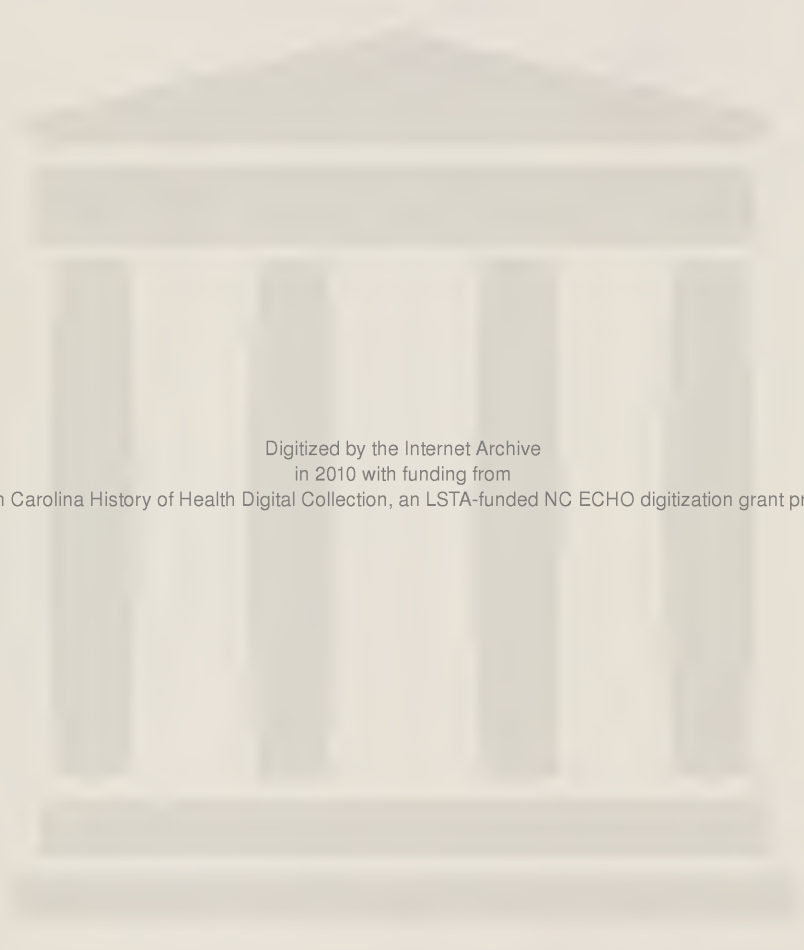
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# North Carolina DENTAL JOURNAL

VOLUME 59, NO. 1

WINTER 1976

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**ABOUT THE COVER**

The cover of this issue of the NORTH CAROLINA DENTAL JOURNAL pictures a snow scene near Grandfather Mountain in Western North Carolina. This is through the courtesy of Hugh Morton, Linville, North Carolina.

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# North Carolina DENTAL JOURNAL

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WINTER 1976

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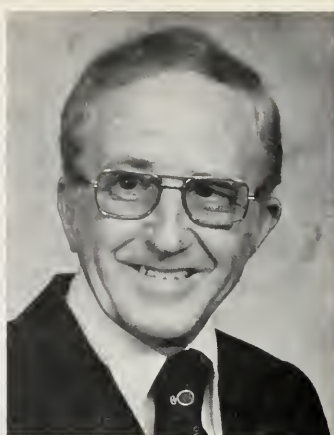
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# PRESIDENT'S REPORT



The District Dental Meetings were all close together followed by the American Dental Association Meeting in Chicago. For those of us who were required to attend all these meetings and the Executive Committee Meetings, plus some special called meetings, it has been a very busy schedule.

However, I have enjoyed every minute of it. My service to the profession is one way I have of enhancing the quality of my own life and in turn—hopefully—to play a part in enhancing the lives of all North Carolina dentists. I have been particularly impressed by the dedication of the vast majority of the officers and delegates.

Jolene and I are most appreciative of the many courtesies and the warm hospitality extended to us at the district meetings. The programs were superior and well received as evidenced by the attendance of many out-of-district dentists at all meetings.

As a new year begins, we hope there will be increased communication between the districts and the State, and increased communication between the many local dental societies and dental study clubs and the district societies. The exchange of information and ideas is necessary if we are to plan wisely for the future and take positive positions in our House of Delegates and at the annual session in the form of "action"—not "reaction."

We must address ourselves to the concern of manpower distribution, the National Health Service Corps, Delta Dental Plan and Medicaid, Area Health Education Center, the National Health Planning and Resources Development Act of 1974 (PL 93-64), National Health Insurance, Health Maintenance Organizations, growing consumerism, regional boards, reciprocity, and a myriad of other concerns that will not only affect the dental health delivery system, but the quality of our lives as well as that of our patients.

Hopefully, the workshops that have been held have been informative and productive. We believe they have been. There is undoubtedly a need for more workshops on a variety of subjects.

We take this opportunity to welcome all the new members who joined us at the district meetings. The charge given you by our membership chairman, Vice-president, P. C. Purvis, was very timely and pertinent. If you follow those precepts, you should have a very successful career.

I wish to thank all the committee chairmen and the many committee members for the diligent work they are doing for the North Carolina Dental Society. Many assignments have been time consuming and in some cases have resulted in a financial sacrifice for the committeeman. Your Society recognizes the tremendous efforts you are making and thanks you for them. . . .

There are real problems of substance in health care delivery which have not been adequately answered by the traditional channels of health care delivery. Prepaid group dental programs attempt to answer some of the problems. . . . These third party plans are now a fact of life in North Carolina. Before they increase dramatically, our society should review its position regarding such programs. A review of the approaches taken in Indiana, New Jersey, Pennsylvania, and Texas would be beneficial in establishing policy in North Carolina. Our House of Delegates needs the input from an impressive majority of our members before deciding upon a position. We encourage all of you to attend your House of Delegates and express your opinions to your delegates. United effort is necessary if we are to maintain a high degree of professionalism in the dental health delivery system and preserve the private practice.

H. E. MAXWELL, D.D.S.

# EDITORIAL



## Minister Without Portfolio

The House of Delegates of the American Dental Association recently defeated resolutions which would (1) permit editors of constituent societies' journals to be placed on the mailing list with the constituent delegates and alternate delegates to the House of Delegates of the American Dental Association, and (2) to permit the editors of constituent societies to be afforded a special seating section on the floor of the House of Delegates.

Reasons cited in objections were: space limitations in some cities, and "in the interest of having the House proceed in an orderly manner, it is most important to keep the number of non-voting persons on the floor to an absolute minimum."

Space limitations appear to be a poor excuse as all editors do not attend the House of Delegates and seldom is the area allocated for the Press filled. As for the second reason, it is doubtful that a few editors would contribute a disorderly House.

It would appear that the House of Delegates should wish to create an atmosphere conducive to communication with the "people back home," by providing a place for the state editors and supplying them with the mailings afforded all delegates and alternates. Is the ADA speaking with a forked tongue—on the one hand implying get involved at the grass roots level and on the other, preventing this by not keeping those informed that are responsible for some degree of communication? You the membership is the ADA you know.

One does not feel the pulse of the House of Delegates from the section designated for guests nor should the editors feel they are the guests of the House rather than an integral part of it and its deliberations. To be denied the mailings received by the delegates and alternates further divides the editors from their delegation and does not encourage them to become informed. As one *Delegate* said "are they afraid the people back home will get some information?". When we discourage communication among the profession, how can we

communicate with patients, third party providers, and government agencies?

Certainly the state editors are only a part of the reporting mechanism as this is done well by the ADA Newsletter and the ADA Journal; however, to be knowledgeable firsthand, during the courses of action, makes a more viable editor.

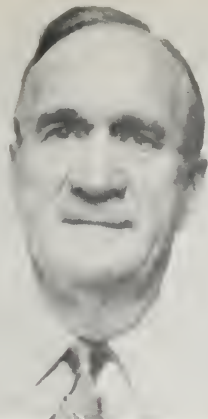
Your Fifth Trustee District voted in favor of the editors receiving the mailings and being seated in the House. Your North Carolina Delegation not only supported this, but makes the editor a welcome member of its delegation. Also, your North Carolina Dental Society makes your editor an alternate delegate. He receives the mailings and he is provided travel to the American Dental Association meeting each year and encouraged to attend the annual meeting of the American Association of Dental Editors. This meeting is held yearly and just prior to the annual meeting of the American Dental Association. Participation in the affairs of the American Association of Dental Editors and being on its program has been of substantial benefit to your Editor.

I am not just "whistling Dixie" when I commend North Carolina and the Fifth Trustee District, I am upholding the BILL OF RIGHTS.

\* \* \* \* \*

Headlines in this mornings paper read "Program Teaching Retarded to Work as Dental Aids." How does this strike the public about our profession? An image we have sought to create through years of hard work has been built on the knowledge and skills of biologically oriented professionals. How does this affect the image of an individual that spends eight years in college, after competing strenuously to get into each of the four year levels?

If one reads the article thoroughly, it explains the noble and perhaps worthwhile effort. However, it can be misleading and misinterpreted. Anyway—How many fail to read the fine print?—RJS



Peter S. Gilchrist, Jr.



# GUEST EDITORIAL

Peter S. Gilchrist, Jr.

*EDITOR'S COMMENT — Mr. Gilchrist is president and owner of GILCHEM Corporation. He is a licensed professional engineer with a penchant for chemistry and photography. He is a world traveler, and an individual of diversified interests such as author of an article on North Carolina for the 1974 Encyclopedia Britannica.*

The average North Carolina dental patient knows very little about the dental profession. His knowledge facetiously extends to the crowded waiting room, being called for an appointment, and then receiving a bill that shocks him.

The writer of this editorial is a registered professional engineer and when asked to prepare this piece, he felt like a new patient sitting down in his first dental chair, surrounded by a group of professional dentists who expected him to give them some advice on a science and profession of which he knows nothing.

From the above introduction however this might be a good opportunity to express some thoughts from the patient's point of view. From here out the word "we" will be used.

We do not know that fifty percent of the United States population receives no dental care and personally does not seem to care. Also we learn that three out of ten people lose all of their teeth before they are thirty five.

We do not know that to become a dentist requires four years of training and study beyond three to four years of pre-dental college requirements. The cost to the student is four thousand dollars per year while the cost to the school of dentistry is ten thousand dollars annually. We did not know that office rent is some six thousand dollars and special furnishing is another sixteen while equipment runs up over thirty thousand. A dental assistant adds another expense while office and clerical help also adds eight thousand more. Even insurance adds more for his personal protection and his protection against malpractice suits.

We are happy to learn that the University of North Carolina School of Dentistry now ranks in the Number One category for the nation. This school graduates approximately seventy-five students each year. The state licenses some one hundred and sixty dentists each year. Twenty-five to thirty percent of the practicing dentists in our state continue to upgrade their skills and education. The median income for a North Carolina dentist is about thirty-two thousand dollars per year.

As patients we did not know that the North Carolina Dental Society was organized in 1856 at Raleigh. We did not know that this group meets several times each year and that many committees meet to discuss and improve dental care, education, dental laboratories, ethics, dental practice and hygiene, legislation, long range planning, political action, public and professional relations, dental research, and relief for indigent patients in correctional institutions, orphanages and prisons.

Since we are unaware of the above we would suggest that the North Carolina Dental Society provide its members and other interested dentists with a small professionally prepared sheet or bulletin from time to time that could be passed back to us patients. This sheet would give the latest and best methods of personal dental care, new products such as brushes, dentifrices, removal of plaque, and the latest research developments. Even a cartoon now and then that would help both the patient and the dentist to laugh at themselves would bring more mutual understanding. Members of patient families would become more knowledgeable. Such a bulletin might even ease the shock of dental bills and would also help when his dentist says, "Now this is not going to hurt!"



# A Progress Report

P C Purvis, D.D.S.

HB433 is a bill that was introduced into the last session of N.C. State Legislature amending Section 90-20-(C)4 of the Dental Practice Act of the General Statutes with regards to the Practice of Dentistry in dental schools. Specifically this section of the Dental Practice Act deals with students of dentistry that are involved in extramural training and experience off campus in various parts of the state. The House of Delegates approved the concept of this bill in 1974 with provisions that the State Board of Dental Examiners and officials at the School of Dentistry get together with the Executive Committee of the N.C.D.S. and work out a satisfactory wording of the bill before being introduced into the legislature. Before this could be done the bill was introduced and before necessary amendments could be worked out due to the lateness of the bill being introduced and the adjournment of the legislature the bill failed to pass after two hearings. The bill is now in committee waiting for necessary refinement before being ratified. With this background information, I would like now to bring the D.O.C. up-to-date on the progress being made in working out the problems with this bill.

On July 23, 1975 Dr. Harold Maxwell appointed me as a sub-committee of one to represent the Executive Committee of the N.C.D.S. to meet with Dr. Robert Sugg as a sub-committee of one representing the State Board of Examiners to explore and initiate a proposal for consideration by our full Executive Committee on HB433.

Dr. Robert Sugg was contacted and a meeting was arranged with him at the Governor's Inn near Durham on August 9, 1975. HB433 was completely discussed as to history, problems and actions of the House of Delegates on March 29 and 30, 1974 and actions of the Executive Committee approving this bill before being introduced into state legislature. Dr. Sugg fully agreed that the Executive Committee did not hold consultations with the Board and School of Dentistry to work out remedial legislation in 90-20-(C)4 section of the Dental Practice Act before it was introduced into the legislature at its last session. Points of conflict and disagreements were identified and statements made that he or they (the Board) saw the need for this bill and support the concepts of this bill but the wording such as "students" and "the private sector of dentistry" needed to be tied down more explicitly and made clearer as to the true meaning or the impact of this legislation.

It was decided that a meeting with Dr. Ray White (Dean) should be held with the two of us to fully discuss points discussed at this meeting to begin working toward a proposal that would be completely acceptable to all concerned before this bill was further discussed by the committee of the legislature next year.

On August 20, 1975 (11 days later) a four hour meeting was held in Durham

with Dean White, Dr. Robert Sugg and myself. A complete review of the history, problems, action of the House of Delegates and many facets of this legislation were discussed. The meeting was most cordial, fruitful and complete agreements in concepts were expressed and statements made that with this approach being made they felt that all points of disagreements can be worked out most satisfactorily between the Dental School and State Board. A time table was proposed that we should not delay in proceeding with preparing mutual agreements concerning remedial legislation of this bill.

Dr. Sugg presented this to the Board at their meeting on September 13th and asked that two members of the Board be appointed to meet with Dean White and another member of the faculty to work at agreeable proposals in this bill. After that meeting attorneys would be asked to put the bill into proper legislation language before going to the Institute of Government for approval and then back to the legislature as soon as possible.

It was hoped that all of this could be accomplished and could be announced at our District Officers Conference December 6, 1975, although any time table should not be considered as a major importance to the tasks assigned this committee by the President of the North Carolina Dental Society to accomplish satisfactory results.

On September 27, 1975 in Blowing Rock a further 2½ hour meeting was held on HB433 between Dr. Sugg, Dr. Cecil Pless, Dean Ray White, Dr. Garland Hershey and myself. Many points of interest and conflicts were discussed and openly identified by both groups. The meeting again was fruitful, cordial and most cooperative. Dean White made notes of many points that needed to be included in this bill and these points were to be discussed with the dental school's attorneys or Institute of Government of N.C. Dr. Sugg also made notes of many points that needed to be included in the bill to be satisfactory with the Board. These points were to be discussed with the Board's attorney and all this to be discussed with the entire Board at their next meeting in Chicago in October, 1975.

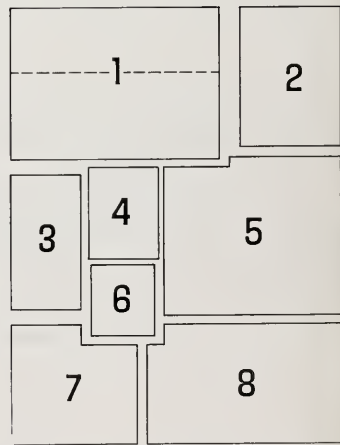
Dr. White and Dr. Hershey, after discussion with the School of Dentistry and further help from Mr. John Sanders, outlined on November 21, 1975 in a letter many suggestions and proposals to the Board for their consideration concerning "wordings" in the bill, a list of extramural sites throughout the state, and other items that need a mutual agreement from the Board.

The Board of Dental Examiners met yesterday afternoon, December 5, 1975, to discuss these proposals from the School of Dentistry and to modify some necessary points of conflict.

Dr. Sugg, in discussions with me this morning, assures me that practically all points in question are minor points to be further agreed upon and believes the Board and School will have this bill ready for con-

sideration by the N.C. legislature committee within a few weeks, possibly before the committee is ready to even reconsider it. The N.C.D.S. Executive Committee is being kept up-to-date on all proceedings being mutually worked out by the committee and will follow this bill back to the legislature to see that the finished refinements are enacted into the Dental Practice Act of the General Statutes.

## First District Autumn Meeting



1. Above: New Members attending Orientation Breakfast. Below: New Members inducted into The First District Dental Society. 2. President Milton Mossey Addresses Opening Session of the First District Fall Meeting. 3. North Carolina Dental Societies Vice-President Purvis Chorges New Members. 4. Principal Speaker for the Three Day Meeting—Harvey Sarnier. 5. First and Second Generation UNC Dental Alumni Practicing in First District. L to R: Gene Reese and Ronnie Reese. 6. President-Elect Richard Belton awaiting Induction. 7. First Order of Business By President Richard Belton. 8. President Milton Mossey Inducts Newly Elected Officers of the First District Dental Society.

\* Vice-President, N.C.D.S.









# second district news

Jim Harrell, Jr., D.D.S., Editor

The Tar Heel Dental Seminar was highlighted by innovations, and learning opportunities. The site and format were altered to make it what was hoped would be "the greatest opportunity for learning that has been offered since the inception of the seminar."

Held in Charlotte, the Sheraton Convention Center became the new site for the Second District Meeting. This move was designed to give better organization and more space for our growing membership.

The topic for the scientific sessions this year was "Applying the Pankey Philosophy and Technique for Better Dentistry." The program was presented by essayists Dr. H. Loran Miller and Dr. John A. Anderson of the L. D. Pankey Institute. These clinicians presented four thought provoking and informative sessions with an average number of 246 dentists in attendance. There were 65 out-of-district guests which reflects interest in the program.

The new members were given a breakfast Saturday morning, headed by Vice-President Bob Wilkinson, at which time they were introduced to the state and district officers and oriented to the society. The new members were introduced to the group at a luncheon on Saturday. Dr. Harold Maxwell, president of the North Carolina Dental Society, charged the group to contribute in areas of service in their society and community, and reminded them of their responsibility as professionals. Our new members are:

## Winston-Salem

Jerry Chestner  
Nancy Gannaway  
Robert Kulp  
William Kingery  
Roger Reynolds, III  
Ralph Young  
Robert Harris, III

## King

Sam Simmons

## Kannapolis

James Hunter

## Concord

Clifford Crompton  
Michael Arlin

## Davidson

Ralph Coffey

## Statesville

Marvin Brame  
James Vacca

## North Wilkesboro

Robert Ricketts

## Mooresville

James Fryar

## Charlotte

Thomas Smith  
John Gough  
James Hull  
Lawrence Sladek  
Bob Seymour

## Mt. Ayr

William Branhm  
Larry Simmons  
Thomas Jackson



1. Dr. Loran Miller of the Pankey Institute addresses the Scientific Session. 2. New Members of the Second District Dental Society at their Orientation Breakfast with Vice-Presidents Purvis and Wilkinson. 3. President and Mrs. Clarence Biddix With Bob Poole Looking On. 4. Dr. and Mrs. Robert Daniels Enjoying the Luau. 5. Vice-President Bob Wilkinson Addressing the New Members. 6. Clinician Dr. John Anderson, of the L. D. Pankey Institute. 7. Members of the Ladies Auxiliary. 8. Newly Elected President Ken Owen Receives Congratulations from Out-Going President Clarence Biddix. 9. President Ken Owen Installs Newly Elected Officers of the Second District Dental Society. L to R: Victor Andrews, Bob Wilkinson, Wally Huneycutte, Wally Blackman, Jim Harrell, Jr., and Clarice Bean.

Dr. Harold Maxwell gave the state presidents' report at the business session in which he reported the highlights of the past year. He urged everyone to support the Dental Foundation by giving one day's earnings per year. In this way the school would not have to depend so much on federal support. Dean Ray White, in his report from the school, also stated the need for funds, in particular, for student aid. The four sources of funds at present are: (1) Federal Sources, (2) State Sources (3) The North Carolina Dental Foundation, and (4) The Alumni Association. The school needs new friends in order to maintain its present status and each of us should ponder this thought.

Dr. White outlined some of the programs at the school and stated that it had been a productive year; marking a good kick-off for the next twenty five years.

We were all saddened to learn from Dr. Paul Stroup of the passing of four colleagues since our last meeting. Dr. Vaiden Kendrick, Charlotte; Dr. Marcus Troutman, Kannapolis; Dr. Fred Mendenhall, Winston-Salem; and Dr. Joe Sherrod Williams, Statesville.

Social activities were minimized in order that table clinics could be held on Saturday night. The Clinicians were given the spotlight in prime time for their efforts. There were twenty three excellent presentations which was verified by an attendance of 125 dentists at 11:00 P.M.

The social highlight of the meeting was a Polynesian Lau. The banquet hall was decorated with plants which could be purchased from a local nursery, an innovation which added to the decor and served for interesting conversation as people browsed among them.

The auxiliary had their annual meeting while the table clinics were held Saturday night. The highlight for the ladies (and many male on-lookers) was a take-off on "Let's Make A Deal." The program "Pull It or Save It" was presented over W.D.K. television and featured Monte Molar (Mary Kay Barone), Ginger Vitis (Mrs. Randy Kixmiller), and Dee Dee Denture (Mrs. Harry Baldwin).

We are proud of our ladies for winning the scrap amalgam drive for the past year and we congratulate the wives for their accomplishment.

The auxiliary held the election of their officers. They are as follows: President: Mrs. Frank Pattishall; President-Elect: Mrs. Keith Bentley; Vice-President: Mrs. Thomas Ratton; Recording Secretary: Mrs. L. Bruce Neely; Treasurer: Mrs. Jim Harrell,

(Continued on page 33)





# third district news

Kenneth R. Diehl, D.D.S., Editor

The Third District Dental Society returned to the Holiday Inn Four Seasons in Greensboro for its annual meeting on October 3-5. The social and scientific sessions featured glimpses into the past, problems of the present, and prospects for the future.

The meeting began with golf and tennis activities and audiovisual presentations of current problems in dentistry. The problems were soon temporarily forgotten during a most delightful Bingo party that evening.

Bingo was about the only investment opportunity not covered on Saturday morning and afternoon by the featured clinician, Mr. Martin L. Schulman. Chairman of the Board of Dental Corporation of America and Diagnostic Isotope, Mr. Schulman presented an excellent and timely talk on "Prospects of a Dental Lifetime." He discussed a wide variety of investment and financial topics and offered his opinion regarding future economic trends.

Earlier on Saturday forty-four new members and their wives were welcomed to the Third District at an orientation breakfast at 7:30 a.m. (You better get up early when there are forty-four new members in your district.) That evening at the banquet the new members were introduced and received the charge from Dr. Harold Maxwell, President of the North Carolina Dental Society.

Another highlight of the banquet was the recognition of the University of North Carolina School of Dentistry's 25th Anniversary. A plaque was presented to Dr. Robert J. Shankle who represented Dean Raymond White and the Dental School. The plaque contained an engraved picture of the Dental School along with the inscription: "In grateful recognition of 25 years of outstanding contribution to the dental profession." University of North Carolina Vice Chancellor William Little reviewed the history and achievements of the Dental School.

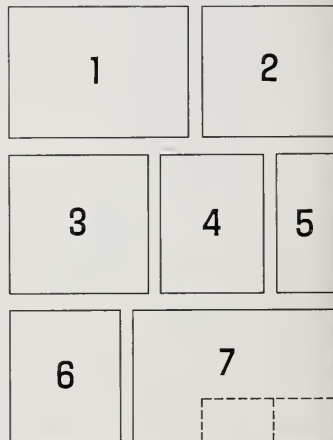
In his presidential address, Dr. Richard Fields discussed the need for better organization and communication within the profession. He has taken a big step in this direction by bridging the gap between district and local societies.

New Officers installed at the banquet were: President, Dr. Julian Rogers; President Elect, Dr. R. Bruce Warlick; Vice President, Dr. Morris Griffin; Secretary-Treasurer, Dr. Thomas E. Butler; Delegate, Dr. Stuart Fountain.

The evening continued with dancing to the entertaining music of "The Ambassadors" who played tunes from the past and present. The dress was in tune with the music during a fashion show of outfits from the roaring 20's, 30's and 40's.

The scientific program resumed on Sunday with several interesting mini clinics. Many excellent table clinics were presented that afternoon. A peer review clinic was also presented by members of the Third District Peer Review Committee. They discussed the functions of peer review and answered questions relative to dental insurance. Dentists within the district were encouraged to make use of the Peer Review Committee and contact a commit-

tee member if they have a question or problem.



1. Roaring Twenties Theme for the Third District Reception and Banquet. 2. President Richard Fields greets Vice-Chancellor William Little. 3. North Carolina Dental Society Executive Secretary Addresses New Members. 4. Martin Schulman, Principal Speaker for the Third District meeting, gets a point across. 5. Who Else? 6. Eddie Buttler addresses the New Members at the Orientation Breakfast. 7. New Members with State Officers at Orientation Breakfast. Insert—Past-President Horton talks to New Members.

## What Is Your Diagnosis?

### History

This 22-year-old female has been bothered by irritated attached gingiva for two years. She has been unable to brush at times and reported bleeding, desquamation and pain frequently. She is healthy, is taking no medications. Because of this oral condition, she has had numerous blood examinations and immunizations against her oral flora. Her diet is marginally acceptable and she chews chewing gum constantly. She reports that the severity of the problem decreases at times, however, none of the numerous medications she has used has cured the condition.



Answer on page 18





# A Pedodontic Survey of Graduates of the University of North Carolina School of Dentistry

Gary J. Dilley, D.D.S., M.S.\*

A survey was conducted on 268 graduates of the University of North Carolina School of Dentistry to attempt to identify the amount and type of pedodontics practiced by each individual. An earlier survey of 69 University of North Carolina Graduates was conducted by Drake<sup>1</sup> in 1968. This study was conducted with general practitioners, graduating from 1954 through 1966, in specific geographical location, (the Third Dental District) in North Carolina. The study dealt with preventive aspects of their dental private practice.

From 1965 through 1970, 272 dentists graduated from the University of North Carolina School of Dentistry. A total of 268 questionnaires were sent to the known addresses of these graduates with an additional mailing approximately six weeks after the original. At the conclusion of the study a very high return of 220 or 82 percent was recorded. This is an excellent mail survey response,<sup>2</sup> and we believe that the results are meaningful. The 220 responses were almost evenly split between the six classes and we believe that the information gained is representative of all those who graduated during that time span.

Some interesting statistics were gained on the entire survey population. Of 214 responses 172, or over 80 percent, were practicing in the State of North Carolina. From this same group 165, or 77 percent were general practitioners, 11, or 5 percent were pedodontists, 13 (6 percent) were orthodontists, 3 (1 percent) were oral surgeons, 7 (3 percent) were endodontists, 10 (5 percent) were periodontists, 3 (1 percent) were prosthodontists and 2 (1 percent) were in public health. This indicates a good representation in the varying fields of dentistry.

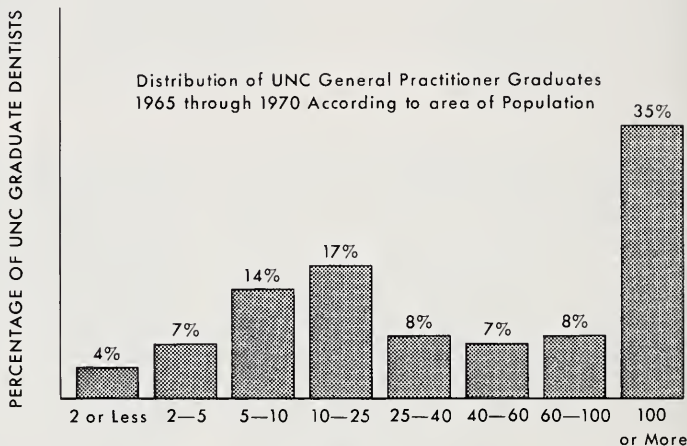


Figure 1  
Population of Area of Practice in Thousands

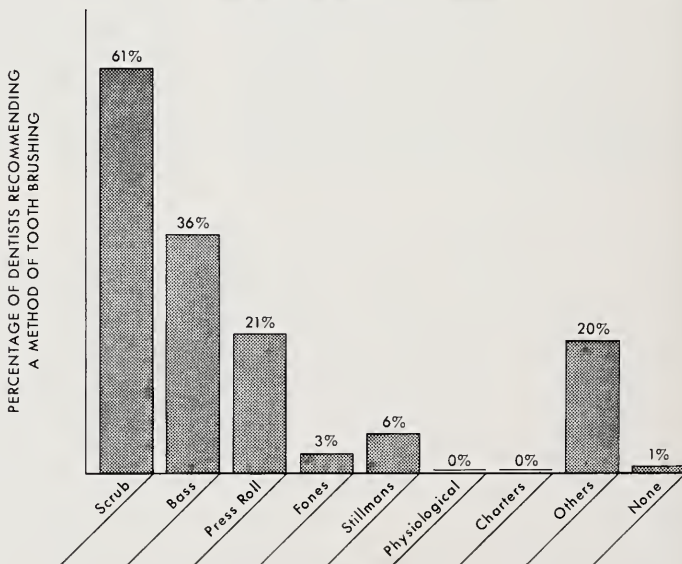


Figure 2  
Prescribed Type of Toothbrush Instruction

\* Assistant Professor, Department of Pedodontics, University of North Carolina.



The following information was gathered from the group of 165 general practitioners. Thirty-five percent (58 of 164) were practicing in areas with a population greater than 100,000. The next highest concentration of dentists was 17 percent (28 of 164) in areas of 10,000 to 25,000 population; followed by 14 percent (23 of 164) who practiced in areas of 5,000 to 10,000 population. (See figure 1).

Of the 165 general practitioners who responded, 98 percent treat children on a regular basis. In fact, 60 of 139 (43 percent) indicated that 10-25 percent of their practice was children and another 34 (24 percent) said that their practice consisted of 25-45 percent children. These percentages added together indicate that a sizable portion of the practices have a significant children population. Most of the group (69 percent) said they would prefer to see children for their first dental visit by age 3 years. Almost all (97 percent) had an active recall system while only 109 of 156 or 70 percent indicated they provided a preventive program for their child patients. Of the responding general practitioners, disclosing tablets or solutions were used by 81 percent while only 46 percent said they provided diet analyses or counseling.

The "scrub" method of brushing children's teeth followed by the Bass technique were the two most often mentioned methods of toothbrush instruction. (See figure 2). Topical fluorides were being used by over 99 percent of those 159 responding and the most often reported type of fluoride was the acidulated phosphate type.

Arch length analyses were performed when indicated by 42 percent of the 158 responding, while space maintainers were placed when indicated by 91 percent. Those using space maintenance recorded the lingual arch (fixed and removal) as a type of space maintainer most often indicated on the survey, followed very closely by the band and loop. (See figure 3). One hundred fifty-six (97 percent) dentists maintained that they place crowns on primary teeth, with the stainless steel crown being the most often cited type. An interesting statistic was that 3 percent of the 161 general practitioners do not use local anesthesia when treating the primary dentition. As low as this was, it was a higher percentage than might normally be expected by the author.

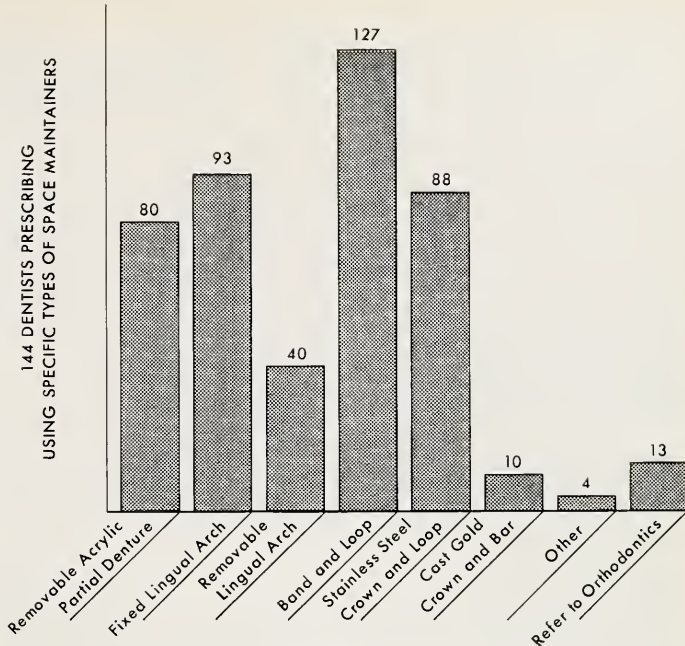


Figure 3  
Type of Space Maintainer

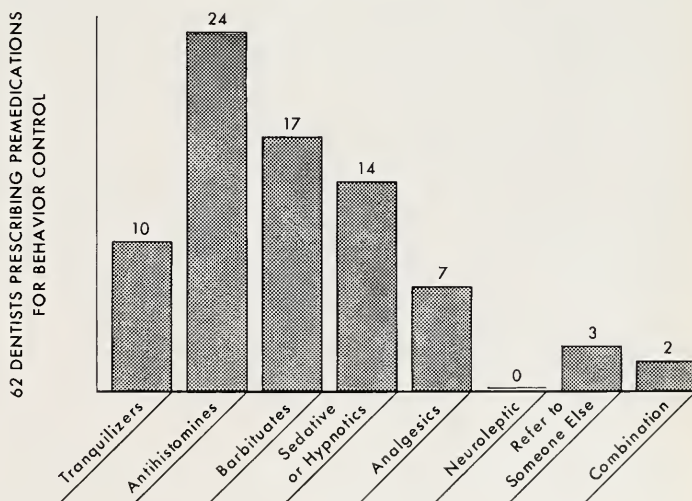


Figure 4  
Type of Medication

Fifty-six or 35 percent of 159 responses indicated that they had nitrous oxide available and of these, 56, (41 percent) said that 75-100 percent of their child patients received nitrous

oxide. This figure was higher than anticipated. Sixty-two of 158 (39 percent) wrote that they do use premedication for children when indicated and that the most often mentioned category

of premedication was the antihistamines, followed by the barbituates and then sedatives or hypnotics. (See figure 4). Thirty-eight of 158 (24 percent) responding stated they did not routinely take full-mouth radiographic surveys on children. However, a large majority, 91 percent of 150, said they do take bitewing radiographs either every six months or every year.

One hundred and thirty of 161 (81 percent) dentists said they do treat handicapped children, however, handicapped patients comprise roughly 1 percent or less of their practices. A large majority, 132 of 160 or 83, percent, indicated they performed preventive orthodontics for their child patients. In support of this, 50 percent of 145 general practitioners said that they had treated more than 10 crossbite discrepancies in child patients since graduation.

From this survey it appears that the 1965 through 1970 graduates of University of North Carolina School of Dentistry are providing excellent services for their child patients. This includes both the number of children in their practices as well as the varied types of services and treatments that are available. Of course the Department of Pedodontics is pleased to see the utilization of the ideas and skills that were learned in dental school. But more important is the clear evidence of continuing development and incorporation of new philosophies and methods into the typical practice. The practitioners are obviously continuing their education, since several of our questions dealt with aspects of pedodontics that were not taught at the University of North Carolina during the years when these six classes were in attendance. These dentists have acquired additional knowledge on their own and are presently applying it to the benefit of their patients.

The Department of Pedodontics hopes to strengthen those areas where our graduates have indicated a specific need. We wish to keep our program as up-to-date as possible for the students, and for the population which they serve.

# A Time for Involvement

By Maynard K. Hine, D.D.S.\*

*In July 1776, when John Adams reported that the Continental Congress had approved a declaration of independence without a dissenting vote, he wrote: "I am apt to see that it will be celebrated by succeeding generations as the great anniversary festival. It ought to be commemorated as the day of deliverance, by solemn acts of devotion to God Almighty. It ought to be solemnized with pomp and parade, with shows, games, sports, guns, bells, bonfires and illuminations, from one end of this continent to the other, from this time forward, forevermore."*

With the approach of the Bicentennial Year of our country, there will be many projects launched which are designed to celebrate the 200th birthday of our country. Patriotic and historic societies are developing plans designed to recall and perhaps reenact the important moments of our nation's history. Innumerable commercial interests will develop products in red, white and blue packages, advertised with "revolutionary" slogans; the marketplace will be flooded with books, articles of clothing, commemorative coins, medals, plates, bells, stamps; and special lectures, seminars, and debates will be held to assess the current status of this country, delineate forces which brought our country to its current level, prescribe remedies for its ills and project future trends.

Amidst this plethora of activities—some excellent and some trivial—what role should dentists and organized dentistry play? Certainly the occasion is too important to ignore; birthdays such as this offer opportunities to take cognizance of our status, looking both backward and forward.

During the Revolutionary War times, the practice of dentistry was not well developed, of course, and dental societies and journals were nonexistent.

However, no one denies that as dentistry developed this past 200 years, it has made impressive contributions to our present standards of living. Dentistry has much to be proud of, and during the Bicentennial year dentists should call everyone's attention to the importance of the contributions our profession is making.

The American Revolutionary Bicentennial Administration, which is the official national committee planning for the Bicentennial, has identified three major themes around which programs and projects can be built. The first is *Heritage*, which includes consideration of forces and factors which contributed to our country's evolution. The public should be reminded of the improved oral health care and more effective preventive procedures which are available. Dentists should be reminded of the improvements which have been made in 200 years in the status of the dental profession, and in the materials and techniques that have been developed. Certainly the modern dentist has a rich heritage in dental science.

The second Bicentennial theme is entitled *Festival*; many entertainments, picnics and social functions should be planned for 1976 to celebrate the country's 200th birthday. The social events of dental meetings could be planned to have a Revolutionary War atmosphere.

The third theme concerns *Horizons*; attention is focused on future goals to be attained. What improvements should dentists try to accomplish by the year 2000—even better oral health for all; eradication of dental caries, of periodontal disease, of oral cancer?

Dental societies can plan projects which emphasize one or more of these Bicentennial themes. Dental journals can include articles on these themes, dental offices should display exhibits depicting dentistry's programs, etc. Certainly dentists, as conscientious citizens and important community leaders, should cooperate with state and local Bicentennial committees as they plan Bicentennial activities.

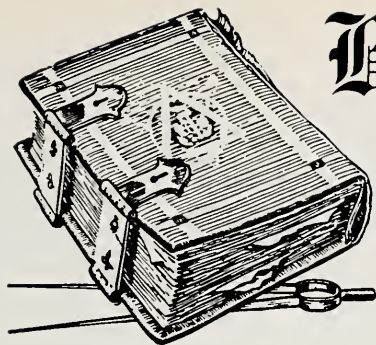
In the last 200 years dental practice, dental education, and dental research have made unbelievable progress, so that the public—and dentists—have available vastly improved dental techniques and materials and the finest of oral care. It is to be hoped that this will be called to everyone's attention during the Bicentennial Year, along with emphasis on improvements that can be hoped for in the future!

\*Drake, Claude W.: The Utilization of Preventive Measures by a Group of Private Practicing Dentists in North Carolina. Thesis UNC Chapel Hill 1968.

\*Bureau of Economic Research and Statistics: Survey of Attitudes on Dental Licensing Procedures. J.A.D.A. 85:1269, Dec. 1962.

\*Past President, American Dental Association. Member, American Academy of the History of Dentistry.





# Book Reviews

Benjamin W. Brown, D.D.S., Book Review Editor

**Synopsis of Complete Dentures.** Charles W. Ellinger, Jack H. Rayson, James M. Perry, Arthur O. Rahn. Lea and Febiger, Philadelphia, 1975. 348 pages.

This volume is authored by four nationally recognized competent prosthodontists who are considered by many to be both young and aggressive. In addition, there are 31 contributors including Dean Raymond P. White of the UNC School of Dentistry.

This volume more than adequately covers all areas of conventional or routine complete denture prosthodontics. Although it contains no revelations or techniques to "insure" success, it does detail theories and techniques essential for successful dentures. Apparently designed for students, it is also a valuable review for established practitioners.

Several non-technical sections are of particular interest. The introductory chapters on patient behavior, diagnosis, and management are interesting and, if the stated principles are followed, will lead to fewer problems during the construction and post-delivery phases.

The clinical procedures for denture construction are well covered. Variations which still embody good principles are discussed, enabling practitioners a choice of methods.

Many dentists consider relines a simple procedure, when, in fact, many dentures are less satisfactory after relining procedures. The section on relines in this volume does not emphasize the pitfalls when refitting dentures and passes over the occlusal adjustment phase in one short paragraph.

This book will be a good addition to the library of those who enjoy denture construction or who *want to* enjoy denture construction.

J. B. SOWTER, D.D.S.

**Overdenture.** Brewer, Allen A., Marrow, Robert M., and 12 contributors. C. V. Mosby Co., St. Louis, 1975. 269 pages.

This book should be read eagerly by all those who rebel at the thought of complete dentures being the "final solution." The book is well organized, well written, cleverly illustrated, and can be read cover to cover for maximum benefit or used as a reference.

Brewer and Marrow proceed from the start to make an easily readable, methodical, and scientific case for their views. They do this without resorting to classifications or the usual academic jargon found in most dental volumes. Some chapters, such as those referring to periodontics, endodontics, and oral surgery will be superfluous for some practitioners; however, the chapter on oral surgery by John J. Tarsitano is informative and written in a most refreshing manner.

Step by step procedures are well illustrated and discussed in a manner which never insults or condescends. Methods of converting existing removable appliances to transitional or permanent overdentures are clearly detailed.

One of the more interesting chapters discusses attachments for overdentures. More illustrations would help in this section for better clarification.

This volume is a rarity in that it obviously is written primarily for practicing dentists and secondarily for advanced students. I recommend its use by all practitioners who have adult patients requiring the replacement of teeth.

J. B. SOWTER, D.D.S.

**Psychodietetics.** E. Cheraskin, W. M. Ringsdorf, and Arlene Brecher. 228 pages. Stein and Day, New York. \$7.95.

Playwright John Patrick, once wrote: "Pain makes man think, thought makes man wise, wisdom makes life endurable."

Over the years humanitarians have progressed by expanding into many specialties, to censure out, alleviate, or minimize pain. Each branch grew from a philosophy. A rather intuitive vision eventually deduced empirical practice of science.

Dr. E. Cheraskin and colleagues, Drs. W. M. Ringsdorf and Arlene Brecher, have applied research into a book which proposes a new science—Psychodietetics.

The book introduces in detail just what the title suggests; namely, a psychological interrelation between nutritional balance and mental health. The authors propose a direct correlation between food and emotional stability. They suggest that the unbalanced diets of overweight Americans may trigger emotional instability. What you are eating, or what you are not eating may be "what's eating you."

Abnormalities in the chemistry of the brain may be caused by nutritional deficiency. Dr. Linus Pauling has derived through experimentation that insomnia, nervousness, irritability, confusion, apprehensiveness, depression, and hallucination can be and is caused by Vitamin B<sub>3</sub> deficiency.

Dr. Roger Williams concludes by experimentation that loss of appetite, depression, irritability, confusion, memory loss, inability to concentrate, and sensitivity to noise, can be and is caused by thiamine deficiency.

The authors' psychodietetic theories on alcoholism, schizophrenia, hypoglycemia, sexual inadequacy, senility, and neurotic disorders, are explained.

Psychodietetics opens the door to a new scientific approach. It forms a new look at emotional instability, supplying a different cause and a new approach. It is well organized and well written.

PAUL L. "CHIP" CUMMINGS  
U.N.C. Sophomore

# United for What?

Robert E. Doerr, D.D.S.\*

What could be classified as a "tempest in the teapot" type of concern has developed the potential of becoming a disaster for the profession. During the past several months a group has been expressing its dissatisfaction with the constraints of the Delta system, and has been encouraging other dentists to join its protest. Despite these efforts, an increasing number of dentists have become participants in the Delta program. Now, however, a local society of the Michigan Dental Association has assumed the responsibility of acting for the Association in seeking to "modify, amend, change, clarify or eliminate certain provisions of insurance plans, for example: fee verification, peer review, predetermination, non-covered benefits, R and D, par and non-par status, equal pay for equal service and geographic fee areas." Although Delta isn't mentioned, many of these items are elements of Delta's program.

Fragmentation of the profession is a serious threat to the future of Delta which needs the assurance of organized dentistry's support. The professions only hope for the future is to act as an organized, integrated unit if it is to cope with the demands of carriers and purchasers of dental care programs. When a component society ignores the protocol of following established procedures and allies itself with those individuals who appear to seek elimina-

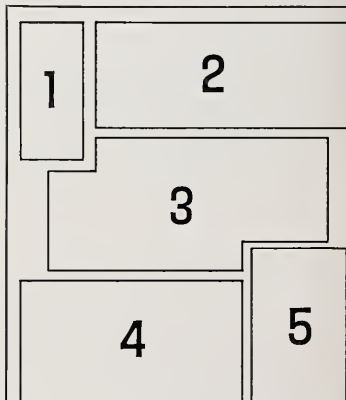
tion of the essential provisions of a prepayment plan developed by dentists, something is radically wrong.

It is even more puzzling when that society is ably represented on the Board of Trustees and several of the standing committees of this Association. The MDA has a Committee on Group Purchase Programs that is working diligently to make all insurance plans more acceptable. If a united front is the goal, as stated by this component society, why not utilize and support the mechanisms that have been established to effect change. One is led to suspect that the reason groups are splintering off is that they really want to eliminate all restrictions. They want absolute independence and suggest that the profession should stand united for this goal. That day is gone!

What purchaser or commercial carrier is going to give dentistry a blank check? Unless the profession accepts certain restrictions that guarantee quality service in return for reasonable recompense, it won't have to worry about standing united. Is there anyone who believes that unions or other major purchasers of care couldn't hire as many dentists as they need to establish closed clinics? They could do it yet today. And that is exactly what will happen if the senseless bickering isn't stopped. If Delta should no longer represent the majority of Michigan dentists, closed panels, commercial carriers or federally controlled programs are all that remain. None of them would be

good for the profession or the people. Since the unions, or major purchasers of care, don't want to deal with insurance companies on the basis of a table of allowances, the current alternatives are either Delta or closed panels.

So remember that we are professional people and not entrepreneurs. The profession must accept certain restrictions in order to have a voice in decisions regarding prepayment programs. In its first year, despite all of the problems and growing pains, Delta will handle claims totalling approximately \$60,000,000. In addition to the economic significance, that figure represents a large amount of dental care for people who haven't previously enjoyed its benefits. Let those dentists who do not wish to participate in the Delta plan do as they choose. But don't let them destroy the opportunity to at least partially control the future of dentistry for the majority.



## FOURTH DISTRICT

1. Clinician Orm Reed in Action at the Fourth District Dental Societies Fall Meeting. 2. An Interested Audience Listens to Dr. Reed. 3. Fourth District holds Gala Banquet at Conclusion of the Annual Fall Meeting. 4. New Fourth District Members with District and State Officers. 5. President Harold Maxwell, NCDS, Addresses New Members of the Fourth District Dental Society.

Lesions caused or accentuated by hormonal imbalance are ill-defined and difficult to diagnose. This patient demonstrated no signs of hormonal dysregulation, and she was taking no medications containing hormones. A thorough medical history is necessary with careful attention being paid to diet, habits, other members of the family having similar conditions and the presence of lesions anywhere else in the body.

## What Is Your Diagnosis?

(Continued from page 12)

E. Jeff Burkes, Jr, D.D.S., M.S.\*

### Differential Diagnosis

1. Marginal gingivitis
2. Allergy
3. Hormonal imbalance
4. Leukemia

### Diagnosis

The key to the diagnosis in this patient is the knowledge that certain types of chewing gum may cause allergic manifestations which are well-demarcated in the attached gingiva. In order to test this idea, the patient was asked not to use chewing gum. After one week, she demonstrated dramatic

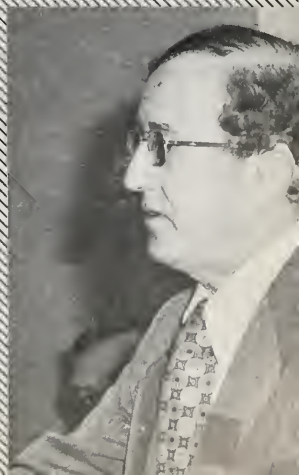
improvement of her gingival condition. Whenever an unusual delineation or pattern of gingival disease is observed, conditions other than inflammation must be considered. Leukemia is one of the most significant of these conditions. Gingival enlargement may be the first evidence of this malignant blood disease, and so the dentist may be the first professional contacted about leukemia. In this patient, the wide band of gingival disease distributed rather uniformly is atypical for leukemia or marginal gingivitis. A patient with marginal gingivitis typically will have poor oral hygiene, significant plaque and calculus and locations consistent with the greatest plaque accumulations.

\* Head, Section of Oral Pathology, University of North Carolina.





# fourth district news



# Drug-Induced Extrapyramidal Movement Disorders of the Face and Jaw in Dyskinesia

Frank R. Pfau, D.D.S.\*

Derivatives of phenothiazine have found prevalent usage by the medical profession as effective antianxiety and antipsychotic agents. Similar antiemetic drugs are prescribed in order to limit a distressing postoperative complication following reduction and/or fixation of mandibular fracture segments.

Following treatment with these drugs, patients may manifest either immediate or delayed extrapyramidal reactions. In the early days of therapy with the phenothiazine-derived drugs, extrapyramidal symptoms were considered more of a diagnostic challenge than a treatment problem; in fact, the immediate type proved to be readily reversible.<sup>1</sup> The most severe symptoms among patients have been produced by the administration of prochlorperazine (Compazine), perphenazine (Trilafon), fluphenazine (Prolixin), thioridazine (Mellaril), and especially trifluoperazine (Stelazine).

In the twenty-three years following the introduction of chlorpromazine by Delay and Deniker in 1952,<sup>2</sup> a large number of neuroleptic drugs have been synthesized, whereas sixteen years have passed since the synthesis of chlorpromazine (the first psychoactive thioxanthene preparation). Besides the phenothiazines and the butyrophenones, the thioxanthenes are the most important of the various neuroleptics. Therefore, the case report to follow concerns the extrapyramidal symptoms experienced with long-term low dosage levels of thiothixene (NAVANE).

Bizarre manifestations involving the face and neck do occur, and it is certainly probable that an individual taking phenothiazine drugs will consult his dentist for diagnosis and treatment of the distressful symptoms. A differential diagnosis should exclude the possibility for cerebral vascular accident, tetanus "lockjaw," hysterical reaction, catatonic schizophrenia, meningitis, and temporomandibular joint dysfunction syndrome.

## REPORT OF CASE

A forty-two year old female encountered what she described as severe muscle spasms and perioral twitching on 6/29/73 while on a bus tour.

Some six months prior to this occurrence, the same individual had required an occlusal adjustment and subsequent fabrication of an acrylic Nightguard-Sved appliance in order to effectively limit the marked overbite. (Figure 1)

On 7/7/73, this patient departed from the tour and arrived home in order that I might evaluate her condition of facial grimacing. It was readily apparent that this patient was powerless to exert voluntary control over the presence of muscle myotonia about the face and neck, especially the suprahyoid musculature. The contractions appeared to be clonic (intermittent) rather than sustained or constant. There was an inability to separate the teeth for more than a few seconds, after which the mandibular arch resumed severe clenching against the maxillary Nightguard-Sved appliance. Disocclusion of the dental arches with a cotton roll placed anteriorly was of no value in allaying the contractions.

This patient was referred to a neurologist on 7/9/73, at which time a diagnosis of an idiosyncratic drug reaction to phenothiazine administration was suspected. Despite the minimal dosage (2 mg./day) used over a five year period to manage depression, it seemed apparent that Navane was exerting the side effects. Immediately, an antiparkinsonian drug (Cogentin) was prescribed at 2 mg. t.i.d. in addition to Parafon Forte (muscle relaxant).

Persistence of muscular contractions about the mouth and neck prevailed during appointments of 8/9/73 and 10/16/73; then, the substitution of Inderal (6/day) and Visteril (2/day) seemed to lessen the contractile forces, thereby permitting some degree of mandibular opening to occur against the gradient of contracture.

By 1/4/74 there was absence of spasm, but the degree of jaw opening was still reduced. Thus, a significant reduction in intermittent spasms did not accrue during the initial five-month course of pharmacologic management.

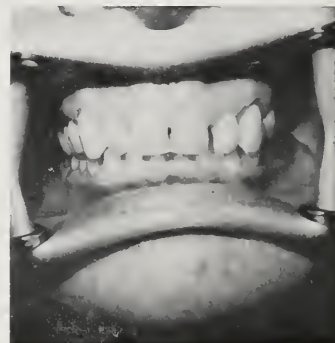
Finally, on 7/-/74, the facial expression was back to normality with evidence of sustained mandibular opening. The neurologist suspended all medication on 9/-/74 without recurrence of the extrapyramidal side effects.

A dental evaluation on 11/12/74 eluded to reduction in tooth mobilities following cessation of clenching. The Nightguard-Sved appliance had served to distribute stress over all teeth and thereby offer unified protection; meanwhile, one upper bicuspid tooth was discovered to possess an oblique vertical fracture and required endodontic therapy.

Last evaluated on 7/-/75, the patient was continuing to remain asymptomatic.

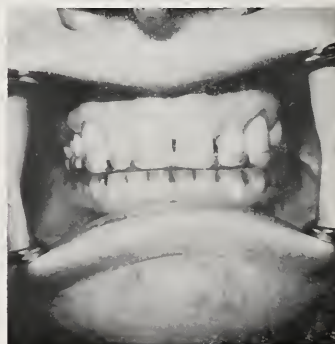
## Thiothixene (NAVANE)

The thioxanthenes are the result of systematic investigations to develop



(a)

Figure 1a illustrates the marked overbite and resultant labioversion of the maxillary left lateral incisor.



(b)

Figure 1b illustrates placement of the acrylic Nightguard-Sved appliance in order to effectively limit the degree of overbite and stabilize the maxillary arch, while permitting slight extrusion of the mandibular posterior teeth.

\* Private Practice of Periodontics



new drugs with at least equal therapeutic action to the phenothiazines, but with fewer adverse effects. However, only two of the thioxanthenes, i.e., chlorprothixene (TARACTAN) and thiothixene (NAVANE) are available in the United States.

More frequently discussed among the neurological adverse reactions are extrapyramidal manifestations. The incidence of these is considerably lower, and their severity considerably less than that seen with the corresponding phenothiazine preparations. Still, extrapyramidal signs are more frequently induced by thiothixene than by chlorprothixene (Taractan).<sup>4</sup>

Given the difficulties inherent in psychiatric diagnosis, distinguishing depressive reaction with psychotic schizophrenic reaction, a drug such as thiothixene which appears to have both antidepressant and antipsychotic effects becomes a valuable therapeutic tool. Phenothiazines, on the other hand, have failed to demonstrate any antidepressant effects; in fact, they often act as depressants.

### Origin of Extrapyramidal Disorders

During the past two decades, two developments dominating neuropsychiatric literature have been (1) the obvious success of chemotherapy and (2) problems associated with the appearance of late extrapyramidal side effects. In spite of great progress in the treatment of the parkinsonian syndrome, the overall problem of extrapyramidal side effects is still unresolved.

The most perplexing treatment problem is the frequently reported observation that tardive (late) dyskinesia in chronically drug-treated hospitalized patients tends to be less severe during drug treatment and more severe when the drug is stopped.<sup>5, 6, 7, 8</sup>

A regrettable fact of this unresolved treatment problem is reflected in a recent FDA drug bulletin,<sup>9</sup> suggesting "that all antipsychotic agents be discontinued at the first sign of abnormal oral movements or other manifestations of tardive dyskinesia."

However, it is not the purpose of this paper to elaborate further on treatment methods and to contribute to a seemingly endless controversy which is partly due to the lack of understanding as to the origin of the syndrome.

### Phylogenetic Aspects

Bizarreness of the dyskinetic movements may be explained on the assumption

that there is a genetic component relating extrapyramidal motor manifestations to vital reflex mechanisms of the distant past buried in our phylogenetically old extrapyramidal nerve centers which comprise the basal ganglia, the subthalamus, the substantia nigra, the red nucleus, and the brainstem's reticular formation.

In oral dyskinesia (motoric disturbances) the rhythmic "lapping" movements of the tongue and buccolingual motions of the cheeks resemble most closely the gill breathing motions of fish. The pursing of the lips and the puffing of the cheeks (evolved from gills) are too similar in sequence, form, and rhythm to be accidental.<sup>10</sup>

Should it be just coincidence that the motoric triad of the parkinsonian syndrome, namely rigidity, immobility, and rest tremor are identical with the vital muscular reflex phenomena comprising the "anchoring reflex" of a fish lying in wait?

### Membrane Actions of Tranquilizers

Apparently extrapyramidal disturbances can be attributed to the blockade of dopamine receptors or, on a presynaptic basis, to fusion with vesicle membranes. Also, membrane-drug organelles ("myelin figures") can serve as long term storage sites of the neuroleptics.

a) Receptor - Blockade Theory—neuroleptic drugs specifically attach to dopamine receptors in the CNS (caudate nucleus and pituitary), yielding an increase in dopamine. *Tardive Dyskinesia*

b) Impulse-Blockade Theory—reduction in release of the neurotransmitter; fluidization of membranes. *Parkinsonism*

In pigmented cells, tyrosine metabolism appears oriented toward neuromelanin (preferentially deposited in tissues which are phylogenetically old) synthesis rather than to catecholamine production.

If the axonal impulse inhibition of neuromelanin (barrier to electron flow) can be eliminated, the cell should revert from its secretory or endocrine function to its original motoric function. The result, simulating aquatic reflex mechanisms, is the reappearance of involuntary, bizarre motions of the dyskinetic syndrome or of parkinsonian character.

Apparently phenothiazines are able to inactivate neuromelanin in basal ganglia and thereby interfere with the

phylogenetically more recent secretory activity of the pigmented neurons.

Phenothiazines and other electron-donating neuroleptic drugs attach themselves to the neuromelanin inside the pigmented neuron and thereby produce an inert compound which loses its function as an electron trap.

To the same degree that neuromelanin is inactivated by chlorpromazine, the synthesis of dopamine will increase since tyrosine will be fully available.

Excess dopamine will now by-pass the inert neuromelanin barrier and stimulate the remyelination of the original motoric axon cylinder whose Schwann cell sheath has atrophied due to inactivity. This slow regeneration might explain the tardive (late) appearance of dyskinetic symptoms.

Clinical experience has shown that continued chlorpromazine therapy will eventually be accompanied by the disappearance of the symptoms of tardive dyskinesia.<sup>5, 6, 7, 8</sup> Apparently long-term therapy leads eventually to destruction of pigmented neurons.

On the other hand, interruption of therapy with chlorpromazine or other neuroleptics leads frequently to paradoxical aggravation of the dyskinetic syndrome, probably due to sudden availability of excess dopamine resulting from its liberation in a loose complex with chlorpromazine.

In the absence of any existing plausible explanation of extrapyramidal symptomatology, the foregoing theory of reactivation of ancestral reflex mechanisms by inactivation of neuromelanin through the melanostatic action of chlorpromazine and other neuroleptic drugs might contribute to a better understanding of these phenomena.<sup>10</sup>

### SUMMARY

In the early days of therapy with the phenothiazine-type drugs, extrapyramidal reactions were considered more of a diagnostic than a treatment problem; indeed, the side effects appeared to be more of a shock to the physician than a threat to the patient due to the short interval of taking the medication.<sup>11</sup>

However, reports began to appear in the literature of reactions exhibiting such serious and bizarre signs of a late (tardive) nature such as protrusion of the tongue, an unblinking expression with mask-like faces, puckering of the lips, and spasms involving the muscle groups mediating mastication and facial expression.<sup>12, 13</sup> (Continued on page 22)

A departure from traditional withdrawal of the agent and subsequent administration of an anti-parkinsonian drug suggests that the continuation and actual increase in dosage tends to reduce the severity of the symptoms in tardive dyskinesia and parkinsonism.

In the case report illustrating an adverse reaction to long-term utilization of thiothixene (NAVANE) despite its history of lower incidence of extrapyramidal signs, the catecholamine blocking action of Inderal as well as the sub-cortical suppression of anxiety with Visteril seemed to register a definite alleviation in symptoms, whereas the powerful anticholinergic action of Cogentin was not effective in relieving tremor and rigidity.

Due to the sudden appearance of bucco-oral involuntary movements, a special type of late and sometimes irreversible extrapyramidal manifestation necessitating stereotactic surgery,<sup>14</sup> it is quite likely that the subject will report to a dentist's office. An early and correct diagnosis can assure the patient of Neurological care without further delay.

This review has been formulated to publicize the recognition and elimination of side effects from the phenothiazine derivatives in conjunction with their therapeutic efficacy.

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# Looking at the Future Team

Fred H. Miller, D.D.S.

The word *Evolution* as defined in the Collegiate Dictionary is: (A)—a process of change in a certain direction; unfolding (B)—a process of continuous change from a lower, simpler, or worse to a higher, more complex or better state; or is a process in which the whole universe is a progression of interrelated phenomenon.

This paper deals only briefly with the past and present roles of dental auxiliaries in the private practice of dentistry. It is more concerned with the emergence of tomorrow's dentist and how his future staff will help in his transference to a more humanistically oriented person.

## PAST

Recently my associate, received a 1935 advertisement clipped from *The Commonwealth*, a newspaper in Somerset, Kentucky. As you read the ad, bear in mind that it was written only forty years ago.

### OUR \$25.00 GENUINE "ROOFLESS" PLATES REDUCED FOR TWO WEEKS ONLY—\$15.00

THIS OFFER EXPIRES JUNE 5TH. POSITIVELY NOT LATER. If you want a plate that feels like your natural teeth, HERE IT IS. Gives your voice a natural tone—makes your food taste better—your mouth feel cleaner—your expression more natural and gums that look like your own.

This wonderful FEATHERWEIGHT plate is made of maroon rubber, fitted with pearl-like teeth, with silver white pins.

Regular price \$25.00  
SAVING YOU \$10.00

All of our plates are made in our own private laboratories by our Expert Technicians to suit your individual features—at a great saving. This we are passing on to you on this SPECIAL LOW PRICE. Come in and see samples of these plates. It will not obligate you in any manner.

**DRS. R. A. & M. E. TATE,—  
DENTISTS  
PLATE SPECIALISTS**

How much do you think the private practice of dentistry has evolved in the last forty years? Will you agree that we have changed from a lower, simpler or worse, to a higher more complex state? We certainly have improved the decorative schemes of our offices. We have beautiful girls to escort people in and out of plush operatories. In fact, recently I heard of one office in California where the staff worked topless during the evening hours. Our techniques have evolved too. We now do implants, transplants and replants.

We use PINK plastic instead of maroon rubber to make those dentures and our fees are twenty times higher now than forty years ago. But, has dentistry really progressed and changed to a better state? Or are we still extracting teeth by the bushel basket from scared-to-death people who refuse to accept our better way?

## PRESENT

When I originally built my office eleven years ago, I had no idea of ever having an associate, a partner, or more than three dental assistants. I needed two operatories, plus one for the hygienist and one for emergencies. Then along came Robert Barkley and the new emphasis on prevention. My staff became as enthusiastic about what they were hearing and seeing as I did, so with the preventive philosophy our first big change began to unfold. We made a plaque control room out of the emergency room and hired the fourth auxiliary—a full time control therapist.

When my associate joined the team three years ago, the fifth and sixth auxiliary were added. Today, if space were not a restriction, we would have another hygienist, a secretary, and possibly another roving assistant. So you see, things have changed to a more complex state.

My associate and I have gone to great lengths with the aid of our staff to humanize our practice. We attempt





Dr. Fred Miller

to meet our patient's security, social and self-esteem needs and help him realize that he is the one who is responsible for his health. By our methods we try to establish a trusting relationship with the patient. This requires placing great responsibility on our auxiliaries to be observant and cognizant of our patients thoughts and feelings.

At a recent meeting of National Conference of Social Welfare, Melvin A. Glasser stated that National Health Insurance was "the only answer for the inequities of today's health care." Mr. Glasser is Director of the United Auto Workers, Department of Social Security. He claims that much of the blame for these inequities could be attributed to "solo practitioners and those committed to fee-for-service." If we as private practitioners are to survive in the free enterprise system of tomorrow, how will we evolve and what changes should we make in order to fulfill the needs of our patients? The crux of the matter seems to lie in whom the patient has trust. Will he trust a government agency, a closed panel foundation, or will he in fact continue to trust the private practitioner?

Since you can do very little for a patient until he says "yes" then the establishment of a high trust, low fear relationship with your future patients is imperative. A successful practice will include those humanistic skills, facilities, equipment and assistants who can aid the dentist of tomorrow in his effort to attain patient confidence. If a patient enjoys a high trust, low fear relationship in a dental office, then would he not have more confidence in that office

than in the pronouncements of a third party carrier, government agency, or closed panel foundation? This relationship cannot be achieved through crisis or repair oriented dentistry. We must recognize that the patient exists as a whole person and assist him in identifying and satisfying his needs. It is simply that because we are committed to preserving the private practice of dentistry, we must also be willing to change as profoundly as third party carriers change. Whatever it takes, we must be willing to contribute.

While our philosophical commitment to private practice will remain fixed, the way we go about implementing our philosophy will change. In my opinion, these changes will in large part, relate to the efficient use of auxiliary personnel blended into an atmosphere of high trust, low fear office environment.

More than ever, people are seeking identity as individuals. They do not wish to be considered as a mailman or a housewife. The "woman's lib" movement is an example of the consciousness and self awareness exhibited by people today. In the July 21st issue of People's Magazine Joanne Woodard notes, "I used to be happy to answer the telephone and say, 'This is Mrs. Paul Newman.'" "Now I say with neurotic intensity, 'This is Joanne Woodard.'" "It's just that I can't smile and cope with that role anymore." The dentist in the future will need to develop his humanistic skills and begin to hear what his patients are saying. If patient confidence shifts toward government agencies and third party carriers, then the private practice of dentistry is doomed.

In a recent issue of "Nexus," a weekly publication authored by A. E. King, the following observation was made. When a dentist has a good relationship with his staff, he also enjoys a good relationship with his patients. To illustrate this point, a group of dental patients from preventively oriented practices were asked; 1) Based on your observations, do you feel that your dentist and his staff members really like each other as individuals?, 2) Do you have a high degree of confidence in judgments, recommendations, and skills of your dentist?, and 3) Is your dentist really concerned about you?

While this study is not statistically significant, it does imply rather provocative conclusions. Those offices in which the dentist truly likes his assistants and his staff reflect the same attitudes towards him. There is also a true

concern for patients in these office settings. When the dentist and his auxiliaries have a meaningful human relationship, this same relationship is exhibited towards the patients. Conversely, when this relationship is not present between dentist and staff members, the relationship with patients is rather uninvolved. When the patient sees that the dentist and his staff truly like each other and the dentist demonstrates a concern for his total welfare, the patient is many times more likely to accept home care recommendations, and the probability of his accepting the total reconstruction and rehabilitation recommendations of the dentist is greatly enhanced.

Traditionally, the role of the dentist has been that of captain of his ship, a dictator with complete authority to make changes as he saw fit. In my opinion, the dentist of tomorrow, who is truly happy in his private setting, will become less involved with the authoritarian role demonstrated in the past in most offices, and become more of a participant along with his staff members. The decision making process will be shared more and more by members of the team. While written office philosophies will continue to be very important in governing actions by auxiliaries and dentists alike, they should be placed on the sacrificial altar occasionally and changed.

When staff members are allowed to think for themselves and make changes daily that they think will contribute to a trusting office environment, then they should be allowed to do so. When they truly work in a participatory environment with the dentist, and not in an authoritarian one, the actual job descriptions and titles are no longer necessary. This would mean that a business manager could at some time during the day be a control therapist and a control therapist could answer the telephone and make appointments. As long as the goals and objectives of the office are clearly understood by everyone, then a control therapist can increase her level of awareness by doing other things in the office besides plaque removal. She then begins to function as an individual and her strengths are utilized more effectively—if not in one capacity, then in another. By revolving auxiliaries through different phases of the office routine, fresh ideas and continual input are generated.

If you as a dentist feel somewhat uncomfortable in this kind of environ-

ment and feel as if you would lose control of your team, it is no wonder when you consider the authoritarian oriented society we live in. At home you are the boss, in church it is the minister, in school the teacher and so on.

To make the changes necessary for a participatory model of practice less threatening, there are certain observations to be considered.

You should proceed slowly into this type of involvement with your staff. This kind of office atmosphere is not only foreign to you because of your cultural background, but also foreign to your team. Listen to what your staff is saying. Gain skill at listening creatively to your staff as well as your patients so that at some future point you may make wiser decisions. Ask your staff to give you their opinions. Their solutions for solving the needs of your patients are often more feasible than yours. Yours is the role of moderator, not dictator.

Become less dogmatic and declarative in your attitude. Ask questions. Say simply, "What do you mean, or what do you think, or how would you solve this problem, Susie?"

Discipline yourself to talk *with* your staff and not *always to* them. Humanize your office by eliminating such phrases as *my girl*, or the receptionist but refer to your team members as *Susie* or *Dixie* in order to add a more personal tone to your office.

As stated before, no office should function without a clearly stated philosophy with specific goals and objectives known to every staff member. In the words of Omer Reed, "Goals are broad fuzzies which require mid-course corrections and should be in a continuing state of revision." Your staff should participate in the development and revision of your goals and objectives.

It is clear to you by now that because the participatory type office encourages independent action by members of your staff and places upon the individual the responsibility for his own improvement and discipline, your staff must be mature enough to handle this course of action. There is no place for the knitt-picking pettiness sometimes demonstrated when six or eight women and two or more men are working together. Perhaps you have someone on your staff already who demonstrates this type of maturity and with whom you can begin slowly in a more participatory role. You should, however, realize that once she has broken over and be-

gins to participate in making decisions in your office structure, she will never again be content to play the role of a subservient assistant, laboriously rowing your boat.

A higher sense of dignity given to your team members is something that when once given to them, cannot be taken away. They may well never be happy in the strictly authoritarian office again. Again taken from the July 21, 1975 issue of *Nexus*, "In the participatory model, there is no need for hierarchy because *all people are created equal*—as people; and each person uses his skills and experiences in whatever way best advances the goals and objectives of the organization, in a manner consistent with it's philosophy. Thus, despite his training and investment, the dentist is not "better" than the receptionist. As human beings, they are equal. His skills and experience are used differently than hers.

It is certainly true that his skills and experience are harder to come by than hers. It is also true that his skills and experience make a greater contribution to the economic viability of the office, which is why his role is intrinsically more valuable, and why he is better paid for his services than his receptionist. But as a human being, she is his equal. In the participatory model, her equality is displayed by her ability to contribute equally with every other staff member, including the dentist, in the ongoing decisions which affect the office. As a participant she has a vested interest in the success of decisions. This gives her reason to strive for excellence, learn new skills, and function as a goal oriented colleague, not an employee.

As mentioned previously, with the advent of the "women's lib" movement, women are becoming more conscious of their roles as individuals and more aware of their importance in the future of this country. Certain changes are taking place which are directly related to the practice of dentistry. Women are marrying later and are becoming more independent, particularly before marriage. More couples are not having children and more couples are postponing their families and limiting the number of their children. After marriage, more women are seeking roles and identities independent of their role as mother and wife. There is a fast increasing number of couples who are not being formally married. Finally, due to government intervention, more vocational opportunities are being offered to women

than ever before. One can see that in the emerging consciousness of women, there will certainly be a modification in their expectation of how they will function as staff members, patients, and even as wives and mothers.

Through the process of evolution, the dentist can evolve to his hearts' content. He can build fancier offices, buy more intricate equipment, learn continually from post-graduate education, and continually upgrade his humanistic skills. He can expand his technical skills in practically any way he sees fit, as long as his evolutionary process does not break the law. But, what of the limitations placed on bright, young, mature hygienists and dental assistants? How much further can the hygienist go? What comes after the ultrasonic scaler? What can our dental assistants look forward to beyond four-handed dentistry and newer chairs or instruments to clean? For them there is often nothing beyond graduation but stagnation and vague memories of unused education. Their office life span can be measured in months. It is a sad commentary indeed, considering the investment of one or two years of a person's life.

In medicine the same picture is not evident. Paraprofessional utilization in the field of medicine has allowed medical auxiliaries to rise through many levels. Evolution for them is a reality. Comparing medicine with dentistry is not so far fetched as one might think on the surface. The dentist, in fact, operates a miniature hospital dedicated to the treatment and prevention of oral disease. In most offices today, he is the director, the deliverer of services, the chief nurse and often, technician. He is all but the orderly, the role that we have allowed dental auxiliaries to assume.

Emotion and narrow viewpoints have caused some dentists of today to believe that he must do it all. Yet the universe is changing around us. In several states now, evolution is becoming a reality for the dental auxiliary. Through the expanded duty auxiliary programs, these assistants are learning to place amalgam and plastic restorations, make impressions, and even administer anesthetics. These are levels of competency which the medical profession has allowed its auxiliaries.

Development of solid paraprofessional levels within dentistry will help to retain personnel and attract intelli-

(Continued on page 26)

# North Carolina Dental Hygienists' Association

Gail H. McLean, R.D.H., M.P.H., Editor



The North Carolina Dental Hygienists' Association entered into a management agreement with Olson, Williams Associates, Inc. of Raleigh on June 1, 1975. Olson, Williams is a multiple association management firm specializing in the management and administration of trade and professional associations. The agreement named Mrs. Sharon L. Gartman of the Olson, Williams staff as Executive Director of NCDHA, established a state headquarters office at 709 Raleigh Building, a mailing address of P.O. Box 1461, Raleigh, N.C. 27602, and a telephone number of (919) 821-1435.

Sharon has been with Olson, Williams since January, 1975. She is a member of the Carolina Society of Association Executives, and has recently been invited to join the American Society of Association Executives.

Through the efforts of the NCDHA Executive Board and the Executive Director, the Association has established some aggressive long range goals for

its members. Efforts are underway at this time to establish a job placement service for North Carolina Dental Hygienists. Liaison between hygienists and dentists will be handled through the association office, and anyone interested in this project is urged to contact Sharon Gartman. A membership development campaign is also in progress at this time to encourage growth in the Association. As a part of this campaign, the Executive Director has been investigating several insurance plans that could be offered on a state level, as well as other beneficial membership services to encourage active participation in the Association.

Mrs. Gartman said, "Our constitution states that our main objective is to work to enhance the image and career of the dental hygienist as a licensed professional, and we believe that with a central office and an executive director trained to administer the association's activities we are making great progress toward attaining this

goal."

"It is very important," she continued, "for members of allied fields to work together for the good of the entire profession, and we would like to express our appreciation to members of the North Carolina Dental Society for their support in the past, and we look forward to continued cooperation in the coming years." Mrs. Gartman also extends an open invitation to members of the Dental Society to "stop by and visit with us and feel free to call on us for assistance at any time."

**Fluoridation Called Safe.** The National Cancer Institute states that there is no evidence that fluoridated water causes cancer, and there is some suggestion that high levels of natural fluoride may reduce cancers of the brain and nervous system.

## WE STILL WRITE MALPRACTICE COVERAGE—\$1,000,000.00 IN THE

Co-sponsored N. C. Dental-A.D.A. Professional Protector Plan.

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# fifth district news

Willard Hinnant, D.D.S., Editor

The Fifth District Dental Society held its annual meeting on September 11, 12, and 13 at the Wilmington Hil-

## THE FUTURE TEAM

(Continued from page 24)

gent, career oriented people. The increased involvement of auxiliaries in the private practice of dentistry will allow us more time in treatment planning, treating more patients, or just having more time off.

What really counts is the quantity and quality of dental care which we render to the patient. In the opinion of George W. Teuscher, editor of the *Journal of Dentistry for Children*, "Dental practice should be expected to change drastically, at least until it reaches a level in which society generally is receiving the kind of dental care that assures its members of a disease free efficient dentition." Admittedly, these terms need definition, but we agree, I believe, that we have not attained by a wide margin, the objective expressed above. Furthermore, in the opinion of many people, we will reach it only after the concept of the team approach is thoroughly explored and developed.

Ultimately the dentist alone accepts or rejects the work of auxiliaries. If patients are poorly treated, there is always the Board of Dental Examiners. I personally, do not pretend to have all the answers to the proper delivery of dentistry today. And I can assure you that I will not have those answers tomorrow. I do agree with many others who feel that more of our burden should be transferred to capable auxiliaries. Hold me responsible for actions of my staff, just as physicians are held responsible for the actions of their personnel. The quality of patient care is what really matters and the dentist of tomorrow will hopefully be even more concerned with this than he was yesterday.

ton in Wilmington. During the business session on Thursday night officers were elected for 1975-1976:

President—Garland R. Homes  
President-Elect—H. L. Keith  
Vice-President—Jim Zealy  
Secretary-Treasurer—Wayne Anderson

### Executive Committee Members:

R. Willard Hinnant Wayne Ridout

### Delegates

Garland Homes Wayne Atkisson  
H. L. Keith James Privette  
Jim Zealy

### Alternate Delegates

Neal Trueblood Willard Hinnant  
Wayne Ridout Wayne Anderson  
Fred Miller

On Friday morning, President Fred Miller presided over an open forum breakfast. Panelists were Dr. Ray White, Dean of the UNC School of Dentistry; Fred Lockhart, Department Project Director of H.A.S.; and Dr. John Anderson.

Current trends in dentistry were discussed. Dr. John Anderson, of the L. D. Pankey Institute, presented an interesting program titled "Restorative Dentistry in Relationship to Occlusion." There were over 350 in attendance.

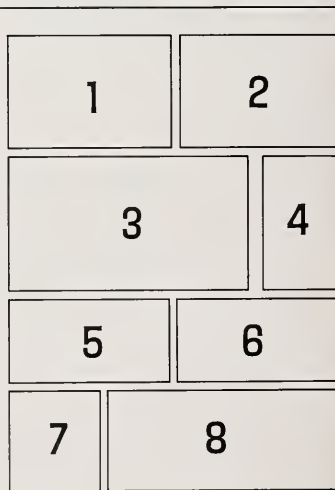
A gala luau and dance were held on Friday evening. Dr. Gordon De Fries, who spoke on Health Manpower, was our banquet speaker.

The Fifth District Dental Society, always a leader in continuing education, extended a challenge several months ago to other districts. Our district offered a trophy to the district that had the highest percentage of its members with fifty hours or more of continuing education. The Fifth District won this trophy! We had 80 members with more than fifty hours. Sixty of these members were awarded the District Scholar Award, given for achieving seventy-five hours of continuing education.

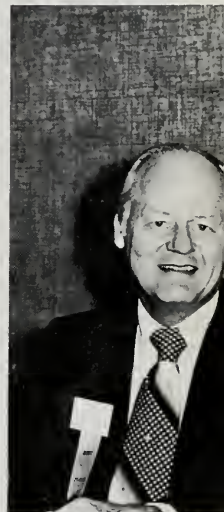
On February 13, 1976, the Fifth District Seminar Day will be held at the Town and Country Restaurant in Wilmington, N.C. Dr. Edwin Smith, Major

General, Ret., U.S. Army, will be our visiting clinician. Dr. Smith is president of the American Prosthetics Society, and associate professor of Removable Prosthodontics at the Medical College of Virginia. He will present a program on Removable Partial Dentures.

The District Study Club Committee will have a meeting with all members interested in forming new study clubs on Thursday night, February 12. Anyone interested in this meeting should contact Dr. Wade Ward in Jacksonville.



1. Clinician John Anderson addresses the Scientific Session at the Fifth District Meeting. 2. Newly Elected Fifth District Officers, L to R: Vice President Jim Zealy, President-Elect H. M. Keith, Secretary-Treasurer Wayne Anderson, President Garland Homes and Editor Willard Hinnant. 3. Officers at Conclusion of First Business Session. L to R: Vice-President Neil Trueblood, President Fred Miller, President NCDS Harold Maxwell, President-Elect Garland Homes, and Secretary-Treasurer Wayne Anderson. 4. Clinician John Anderson of the L. D. Pankey Institute. 5. Tom Flemming renders on Opinion at the Open Forum Breakfast. 6. President Fred Miller "We get to keep the Continuing Education Trophy." 7. Guest, Horry and Nancy Spillman, of Winston-Salem and, 8. New Members of the Fifth District Dental Society with State Officers.





# Items of Interest



Dr. Freeman C. Slaughter of Kannapolis was recently awarded the annual Dentist Citizen of the Year Award at the 92nd Annual Meeting of the American Association of Dental Examiners in Chicago. Following the presentation, Dr. and Mrs. Slaughter and sons, Tom and Jim, were guests of honor of the Association at a formal reception at the Drake Oakbrook in Oak Brook, Illinois.

Dr. James R. Little, Minnesota, president of AADE, stated that the honor is given annually to recognize a dentist who has distinguished himself through outstanding service to his community, state or nation in areas such as government, public welfare, community economics, dentistry, or other organizations.

At the annual meeting of the North Carolina Dental Society this May in Pinchurst, Dr. Slaughter was awarded a Resolution of Commendation for outstanding service to the Dental Society and Board. Dr. Slaughter is a member of the Kannapolis Rotary Club, a 32 degree Mason, and a Shriner. He is a graduate of Emory University School of Dentistry where he was elected to Omicron Kappa Upsilon, national dental scholastic honorary society.



American College of Dentists inductees from North Carolina.



North Carolina Delegation in action in Chicago at the ADA House of Delegates. L to R—Robert Cherry, Joe Johnson, Jack Shankle, Buck Barden, Harold Maxwell, "Henry" Aldridge, and Ralph Coffey, Delegation Chairman.

**NEW MEMBERS ACD.** The following members of the North Carolina Dental Society were inducted into the American College of Dentists at the annual convocation in Chicago last October: Victor L. Andrews, Mocksville, North Carolina; Benjamin R. Baker, Kinston, North Carolina; Ralph D. Coffey, Morgantown, North Carolina; William L. Hand, New Bern, North Carolina; Kenneth M. Ray, Asheville, North Carolina; Pearce Roberts, Jr., Asheville, North Carolina; David M. Seifert, Jr., Raleigh, North Carolina; and Robert M. Wilkinson, Jr., Winston-Salem, North Carolina.



North Carolina's Academy of General Dentistry Executive Committee in session. L to R — Larry Williams, Continuing Education; James Harrell, Secretary-Treasurer; George Sutton, Editor; Richard Hines, President; Bart Warren, 2nd District Director; Fred Howdy, 5th District Director; Neol Trueblood, President-Elect.

"Nothing in the world can take the place of persistence—talent will not; nothing is more common than unsuccessful men with talent—genius will not; un-rewarded geniuses is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent. The slogan "press on" has solved, and always will solve, the problems of the human race."

ANONYMOUS

**CDA — ASSOCIATE MEMBERSHIPS.** The House of Delegates of the California Dental Association has approved a new membership category in CDA—that of associate member. Associate membership is restricted to American Dental Association members who practice outside the State of California. The dues will be \$50.00 per year.

**ADA PRESIDENT-ELECT CANDIDATE.** The Tennessee Dental Association and the Sixth Trustee District endorses Dr. Frank P. Bowyer, Knoxville, Tennessee as a candidate for President-Elect of the American Dental Association 117th Annual Session, Las Vegas, Nevada, November 14-18, 1976.

**FRICATIVE SPEECH ERRORS STUDIED.** University of North Carolina investigators of speech defects report that the ability of children with cleft palates to make correctly the fricative sounds *s*, *z*, *f*, and *v* depends to a considerable extent upon their ability to control the opening at the front of the mouth.

Drs. William H. Claypoole, Donald W. Warren, and Doris Bradley found that frequently children who use the tongue to compensate for palatal deficiencies find it difficult to use it simultaneously to reduce the opening at the front of the mouth. Closing the mouth is necessary for compressing the air to produce clear fricatives.

The scientists measured the area of dental spacing or opening in front of the premolar teeth when the posterior teeth were in occlusion, and also measured and compared air pressure and flow during connected speech. NIDR News No. 136, October 1975.





North Carolina Delegation at Caucus dinner following ADA meeting in Chicago.

**AHEC WORKSHOP.** An Area Health Education Centers workshop was held in the Research Triangle on November 15, 1975. Speakers for this occasion were Mr. Glenn Wilson, Director, Area Health Education Centers, North Carolina; Dr. Eugene Mayer, Deputy Director, Area Health Education Centers; Dr. Larry Cutchen, AHEC Director, Area L; Mr. Ben Tyson, Legislator; Dr. Claude Drake, Dental Director, North Carolina; Dr. Tom Flemming, Area L; Dr. Charles Milone, Liaison Consultant, Area L; Dr. Baxter Sapp was coordinator of the program. In attendance were members of the Executive Committee, North Carolina Dental Society, AHEC Liaison Committee, North Carolina Dental Society, Presidents of the Five District Dental Societies, Representatives of the Department of Human Resources, State Board of Dental Examiners, Dental Hygienist Association, and Dental Assistants Association.

## Those Who Care

A politician was enraged when he read what he regarded as a slanderous attack on his character and competence. But one of his advisors urged him to calm down and consider the matter analytically.

"Bear in mind," he said, "there are 20,000 people in this town. But only half of them subscribe to the paper. That leaves 10,000. One-half of those who get the paper didn't see the story. That leaves 5,000. One-half of those who saw it don't believe it. That leaves 2,500. One-half of those who believe it don't know you. That leaves 1,250. One-half of those who know you are real friends, and it won't influence them. That leaves 625. One-half of those felt that way about you even before they read the story. So there's very little to get excited about."

## The Little Red Hen

Once upon a time, a little red hen, in her scratching, uncovered some grains of wheat. She told her neighbors, "If we plant this wheat, we shall have bread to eat. Who will help me plant it?"

"Not I," answered the cow, and the duck, and the pig, and the goose. So the little hen planted the wheat and it grew tall and ripened into golden grain. "Who'll help me reap my wheat?" she asked.

"Not I," said the duck.

"Out of my classification," said the pig.

"I'd lose my seniority," said the cow.

"I'd lose my unemployment compensation," said the goose.

"Then I will" said the hen, and she did.

At last came time to bake the bread. "Who'll help me bake the bread?" she asked.

"That would be overtime for me," said the cow.

"I'd lose my welfare benefits," said the duck.

"I'm a dropout and never learned how," said the pig.

"If I'm to be the only helper. That's discrimination," said the goose.

So the little hen baked five loaves and held them up for her neighbors to see. They all wanted some and, in fact, demanded a share. But the hen said, "No, I can eat the five loaves myself."

"Excess profits!" cried the cow.

"Capitalist leech!" screamed the duck.

"I demand equal rights," yelled the goose.

The pig grunted.

And they painted "unfair" picket signs and marched round and round the hen, shouting obscenities.

When the government agent came, he said to the hen, "You must not be greedy."

"But I earned the bread," said the hen.

"Exactly," said the agent. "That's the wonderful free enterprise system. Anyone in the barnyard can earn as much as he wants. But under our modern government regulations, the productive workers must divide their product with the idle."

The little hen's neighbors wondered why she never again baked bread.



## "The Spirit of '76"

By William M. Creason, D.D.S.\*

200 years! A representative republic—commonly called a democracy—is going to be 200 years old! That will be a first! A lot of talk has gone on about how to fittingly commemorate or celebrate this event. There have been suggestions of pins, medallions, bumper stickers, calendars, and you name it. I would like to offer a suggestion, too. *Let us capture the real spirit of '76. Let us rededicate ourselves to becoming involved as a working part of this democratic political process. Let us motivate our colleagues to do the same. Let us make democracy work for the betterment of peoples' oral health. Let us have all the fifty States and the District of Columbia working together thru ADPAC. Let us strive to make sure we elect candidates to office who are willing to listen and understand the organized dental profession's desires and goals for providing good oral health care for our fellow citizens of these great United States. Let us capture the true spirit of '76—dedication to country, enthusiastic involvement in the political process and faith in ourselves as a profession and in our fellowmen. This is not just rah rah stuff—it is the real thing. The spirit of '76! And the time is NOW!*

\* Chairman National ADPAC  
From ADPAC Communicator

**Maxwell Heads North Carolina School Boards Association.** President of the North Carolina Dental Association, Dr. Harold Maxwell, has been elected president of the North Carolina School Boards Association.

# North Carolina Dental Assistants Association



Barbara Talbert\*

The contact that I have experienced with the dentists of North Carolina through the months of September and October at our District Meetings have made the above quote so true. I have found that you are very wary and indirect when you are approached on the subject of professionalism, certification, participation, and continuing education.

In one breath, I have been told not to be discouraged and disillusioned by the lack of interest and support by the dentists in the dental assistants' goals and aims and in the next breath tell me that they're not going to do anything to help us accomplish these high ideals because their assistants know all that they want them to know.

I have struggled hard through the five districts to maintain a professional, poised attitude though the comments were hard to swallow at times, for one is entitled to their own opinion and the emotional woman defeats herself—right!

I have been told that we as an association are fighting marriage and motherhood so we won't ever accomplish anything. "Girls" don't need continuing education to clean-up. It's not my fault my dental assistants don't belong.

I hasten to add that I never said it was your fault that they don't belong just that you would encourage membership and participation.

I sincerely believe that the day will come in the near future that dental assistants will be registered according to their education.

The ten delegates to represent the N.C.D.A.A. from North Carolina to the ADAA House of Delegates were faced with the grave responsibility of adopting legislative actions, resolutions, and by-law amendments which will affect dental assistants in the near future.

The Board of Trustees unanimously agreed that the health and welfare of the public must be the prime concern of the ADAA and that state licensure is a viable mechanism to assure that

the public would receive dental care services provided by educationally qualified and credentialed dental assistant personnel. Thus the Resolution:

## Resolution Adopted at the ADAA House of Delegates

October 1975

*Whereas* the health and welfare of the public is the prime concern of all dental assistants and the American Dental Assistants Association which represents the profession of Dental Assisting, and

*Whereas* the health and welfare of the consumer public must be the prime concern of all members of the dental health team, and

*Whereas* in 1960, the American Dental Association which represents the dental profession established the educational standard in dental assisting and has reaffirmed its endorsement of this standard, and

*Whereas* the American Dental Association has approved requirements for the Certification of dental assistants providing evaluation through examination of an individual's level of knowledge and skills and mandatory annual continuing education under the purview of its Council on Dental Education, and

*Whereas* by ignoring the established educational standard for dental assisting, the dental profession on the constituent level has neglected its responsibility to assure uniform high quality dental care delivery service to the consumer by all members of the dental care team, and

*Whereas* to date many State Boards of Dental Examiners have ignored the charge mandated by legislation to protect the health and welfare of the consumer public in that they have failed to assure uniform high quality dental care delivery service through utilization of educationally qualified personnel, and further have not utilized the American Dental Association's approved standard of evaluation that exists for dental assistants, nor have they provided an equivalent system of evaluation, and

*Whereas* by ignoring the American Dental Association's adopted standard for the educational process in dental assisting, the dental profession has promoted a proliferation of uneducated personnel of unknown qualifications who are permitted to function as dental assistants in the delivery of dental care services to the unwitting consumer public,

**THEREFORE BE IT RESOLVED**, that the American Dental Assistants Association mandates that each constituent association actively and immediately pursue with its state legislature the necessity of establishing in its dental practice act, regulation of all dental assistants in the state through either registration or licensure, and

**BE IT FURTHER RESOLVED**, that such registration or licensure be formulated on the es-

tablished national standard of education and evaluation of dental assistants, and

**BE IT FURTHER RESOLVED**, that the American Dental Assistants Association use all available means to alert the unwitting consumer public to the seriousness of this existing critical situation which jeopardizes the health and welfare of the consumer public and the urgency for its immediate correction.

Also, I would like for you to be informed of two by-law amendments that carried by a (2/3) house vote at our House of Delegates at the A.D.A.A. Meeting.

1. *Active Membership* may be granted to any *currently certified* dental assistant who will support and promote the Object of this Association. . . . (With the proviso that this become effective with the collection of dues for 1978). *A noncertified member in good standing prior to the collection of dues for 1978 shall continue to hold active membership provided there is no lapse in payment of current dues.*  
also

2. Associate membership may be granted to a dental assistant who is not certified. This member shall be required to enroll in a program accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs prior to applying and shall be required to obtain current certification within five (5) years of becoming a member or suffer loss of ADAA membership (with the proviso that this becomes effective with collection of dues for 1978).

Our advisor from the dental society, Dr. W. D. Strickland, has prepared a letter for each delegate at the December Board of Directors to take back to their local society advisor explaining policies, by-law amendments, and resolutions adopted. If you have any questions please don't hesitate to call on myself or Dr. Strickland for clarification.

Thank you for the opportunity to inform you through your Journal.

Taken from your Editor's Editorial in the autumn Issue:

*"There is no squabbling so violent as that between people who accepted an idea yesterday and those who will accept it tomorrow."*

CHRISTOPHER MORLEY

\* President North Carolina Dental Assistants Association.



# PROCEEDINGS

## Minutes of Executive Committee

June 21, 1975

June 22, 1975

September 27-28, 1975

October 10, 1975

### FAYETTEVILLE, N. C.

June 21, 1975

**Call to Order.** The Executive Committee convened on Saturday, June 21, 1975, at the Bordeaux Motor Inn in Fayetteville, North Carolina. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 10:17 a.m. and led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President, P. C. Purvis, Vice President; R. B. Litton, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman, G. R. Willis.

Staff present: Robert L. Cherry, Executive Secretary.

**Newsletter.** The committee discussed the information presented in the NCDS Newsletter and the time span necessary to deliver vital information to the membership.

Dr. Spillman moved that the President in concert with the Executive Committee advise the Central Office on the necessity of getting out special mailings on all legislative or special items deemed of immediate importance to the membership with the option to use first class mail whenever needed and, further, that the Society's legal counsel supply legal interpretation of all legislative matters with the Executive Committee considering this opinion for dissemination. Dr. Litton seconded the motion and it passed.

**Exhibit Space at Pinehurst.** Dr. Wallace read a letter he received from Dr. Robert H. Watson, Chairman, Liaison Committee NCDS-NCDDHA, requesting exhibit space at Pinehurst for a scientific display. Dr. Wallace was informed by the Executive Secretary that exhibit space for both the hygienists and assistants was available near the registration desk. Dr. Wallace was requested to write a reply to Dr. Watson.

**Blue Cross-Blue Shield.** A proposal adding major medical coverage up to \$250,000 to the Society's Blue Cross-Blue Shield Plan was discussed. Blue Cross-Blue Shield has presented this addition to the Society's Insurance Committee and they recommend that the Executive Committee approve this addition. The addition would add \$50/year to a family policy premium. Action on the proposal was deferred to the Sunday session of the Executive Committee.

**Mrs. L. P. Megginson.** The Executive Committee was informed by Dr. Horton that Mrs. L. P. Megginson would not continue as the Society's PR specialist. Dr. J. W. Couch's Special Committee on Public Education is investigating a replacement.

**Recess.** The meeting recessed at 1:05 p.m. for lunch.

**Reconvene.** The meeting reconvened at 2:25 p.m.

**Title XIX Update.** Dr. Maxwell reported on Delta Dental Plan's negotiations with the N. C. Medical Peer Review Foundation concerning the assumption of the review process of Title XIX dental claims by DDP of N. C.

**Manpower Survey.** There was lengthy discussion concerning the dental manpower survey undertaken by the N. C. Dental Society as to further guidelines for the survey and a proposal for a Newsletter by Dr. Gordon DeFries, Health Research Center, UNC.

Dr. Horton moved that the Executive Committee enthusiastically supports the dental manpower study and feels that requests for funds from the Dental Foundation to publish a Newsletter containing the findings of the results of the continuing study might more appropriately be used in actual conduct of the study itself. Further, the Executive Committee feels it can give adequate publicity to the study in Society publications such as the NCDS Newsletter and Journal and suggests that Dr. DeFries work with the Manpower Committee to develop specific objectives of the survey. The motion was seconded by Dr. Purvis and it carried.

**Commendation to Dr. Freeman Slaughter.** Dr. Willis moved that an appropriate presentation be made to Dr. Freeman Slaughter for his service on the N. C. State Board of Dental Examiners. The motion was seconded by Dr. Purvis and passed.

**H. B. 433.** Dr. Horton moved that the President of the Society be instructed to support the 1974 House of Delegates action on H.B. 433 (Resolution 10-1974-H.) and seek its passage in the legislature. Dr. Spillman seconded the motion and it passed by a vote of 4 to 1 with Dr. Willis voting against and Dr. Maxwell abstaining.

**Central Office Committee.** On a motion by Dr. Litton, seconded by Dr. Purvis, a 10 percent pay raise retroactive to June 1 was approved for the Central Office Staff.

**ADA Delegates.** The committee reviewed the request by Dr. Ralph Coffey for ADA Delegate travel.

Dr. Horton moved that per diem of \$60 a day plus tourist class air fare for all delegates and alternates be paid for the Fifth Trustee District Caucuses. It was further moved that per diem of \$60 and tourist class air fare be paid for 7 delegates, 2 alternates, and the Editor-Publisher for the ADA House of Delegates Meeting in October. Dr. Litton seconded the motion and it passed.

**In-State Per Diem.** On a motion by Dr. Litton, seconded by Dr. Barden, payment of \$35 registration fee to Dr. James Harrell, Jr. for a Health Planning Conference was approved.

**New Business.** The Executive Committee set the dates of December 6, 1975, for the District Officers Conference and March 12-14, 1976, for the next NCDS House of Delegates.

On a motion by Dr. Willis, seconded by Dr. Spillman, payment of Tourist Class Air Fare was approved for all reimbursed travel. The motion passed by a vote of 6 to 1 with Dr. Litton against.

**Adjournment.** The meeting adjourned at 6:45 p.m.

ROBERT B. LITTON, D.D.S.  
Secretary-Treasurer

### FAYETTEVILLE, N. C.

June 22, 1975

**Call to Order.** The Executive Committee convened on Sunday, June 22, 1975, at the Bordeaux Motor Inn in Fayetteville, North Carolina. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 10:10 a.m. Dr. H. E. Maxwell led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President; R. B. Barden, President-Elect; R. B. Litton, Secretary-Treasurer; P. C. Purvis, Vice President; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman.

Guests: Dr. Raymond P. White, Dean, UNC School of Dentistry; Dr. Robert W. Sugg, President, N. C. State Board of Dental Examiners; Dr. William Creason, President, American Dental Political Action Committee.

**Blue Cross-Blue Shield.** Dr. Horton moved that the Executive Committee approve the \$250,000 major medical proposal by Blue Cross-Blue Shield of N. C. with the stipulation that Society members be guided by their own needs in purchase of the Society plan and/or the ADA major medical plan. Members should be instructed not to drop their ADA plan since it covers to \$1,000,000 and the Society plan only covers to \$250,000. Dr. Purvis seconded the motion and it carried.

**Discussion.** Dr. Maxwell expressed the hope that there can be harmony between the N. C. Dental Society and various state agencies. He suggested:

1. Workshops on AHECs, etc.
2. Seminars on HMOs and other points of interest.
3. Promote better preventive dental programs.
4. Increase membership in ADPAC.
5. Executive Committee have more meetings with State Board.
6. Work closer with UNC School of Dentistry.
7. Encourage faculty at UNC School of Dentistry to join ADPAC.
8. Support N. C. State Board of Dental Examiners.

Dean White stated that the School wants to cooperate with the N. C. Dental Society. The School has many problems and depends on federal money. A new public relations department has been formed which will help the School's image.

Dr. Sugg stated that there must be good communications at all times. He cited the example of the laboratory bill as a need for communications to the membership.

**ADPAC.** Dr. Creason spoke on billing for ADPAC dues on regular Society dues billing. Dr. Spillman moved that dues for NCDPAC be placed on the Society's dues statement with explanatory note at bottom and that an instructional insert be put in the first year of such billing and an article also appear in the Newsletter explaining the billing. The motion was seconded by Dr. Litton and passed.

**Next Meeting.** The next Executive Committee meeting will be Saturday, September 27, at 9:00 a.m. at the Greenpark Inn in Blowing Rock.

**Adjournment.** The meeting adjourned at 1:10 p.m.

ROBERT B. LITTON, D.D.S.  
Secretary-Treasurer



**Call to Order.** The Executive Committee convened on Saturday, September 27, 1975, at the Greenpark Hotel in Blowing Rock, N. C. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 10:45 a.m. and led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President; P. C. Purvis, Vice President; R. B. Barden, President-Elect; R. B. Litton, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman, G. R. Willis.

Staff present: Robert L. Cherry, Executive Secretary.

**Dental Auxiliary Request.** Mrs. Frank D. Pattishall, President, N. C. Dental Auxiliary, spoke to the Committee and requested a \$1,500 donation for the Auxiliary to assist with the speaker program at their annual meeting in Pinehurst. Further discussion of this request was deferred until new business.

**Spurgeon Dental Society.** Dick Rankin, President, Spurgeon Dental Society, UNC School of Dentistry, requested that the Committee consider a donation of \$250 to the Spurgeon Dental Society for sending students to certain national dental meetings. Mr. Rankin's request was also deferred until new business.

**J. Slade Crumpton.** Mr. J. Slade Crumpton, N. C. Dental Society Group Insurance Administrator, talked about informing members of the Society of the need for professional liability insurance. He stated that the ADA Professional Protector Program was a very adequate plan and that members should be apprised of its availability. He strongly emphasized that all Society members should have some form of liability coverage.

**Medical Care Commission Loans.** Dr. Horton discussed the need to communicate with the Medical Care Commission about increasing loans for dental students. It was suggested that the possibility of a legislative proposal from the Society to the next session of the N. C. Legislature be investigated.

**H.B. 433.** Dr. Purvis gave a progress report concerning his work with the UNC School of Dentistry and the N. C. State Board of Dental Examiners for compromise amendments to H.B. 433. (The N. C. Senate Clerk's Office informed the Central Office that H.B. 433 is still a valid bill and does not have to be reintroduced.)

**N. C. Radiation Protection Committee.** Dr. Barden moved that the name of Dr. Cliff Crandell, UNC School of Dentistry, be submitted to the Governor's Office for appointment to the N. C. Radiation Protection Commission as the representative of the N. C. Dental Society. Dr. Spillman seconded the motion and it passed with one dissenting vote by Dr. Horton.

**New Orleans Meeting.** Dr. Wallace reported on his attendance at a meeting in New Orleans sponsored by the Texas Dental Association and the Texas Board of Dental Examiners. The meeting, attended by invited guests from the Southeast, dealt with HEW involvement in dentistry and state boards of dental examiners, and various issues faced by boards of dental examiners in each state.

**AHEC Luncheon.** Dr. Spillman moved that the Society pick up the luncheon tab for the people invited to participate in the AHEC Program on November 15 at the Governor's Inn. Dr. Horton seconded the motion and it passed.

**N. C. Medical Peer Review Foundation.** Mr. Ferris Hoggard, Executive Vice President, Delta Dental Plan of N. C., reported on his negotiations with the N. C. Medical Peer Review Foundation concerning the dental portion of the Medicaid Program.

Dr. Barden moved that the Executive Committee authorize Delta Dental Plan of N. C. to negotiate with the N. C. Medical Peer Review Foundation and finalize an agreement whereby DDP of N. C. will act as fiscal agent for the N. C. Dental Society in regards to Medicaid and return such agreement to the Executive Committee for approval. The motion was seconded by Dr. Spillman and it was carried.

**Dental Laboratory Bill.** Dr. Barden informed the Committee that he has been requested by Dr. Maxwell to work with the Laboratory Relations Committee, the N. C. Dental Laboratory Association, and the State Board of Dental Examiners concerning statutory regulation of dental laboratory technicians. (The Senate Clerk's Office stated that H.B. 1132 was postponed indefinitely in the House Rules Committee and would therefore have to be reintroduced or it would not be considered.)

**N. C. Heart Association.** The statement from the N. C. Heart Association concerning the hypertension education program for dentists was discussed.

Dr. Spillman moved that the paragraph from the Heart Association dealing with support of the program by the Executive Committee be referred to the Society's legal counsel for legal interpretation and terminology and a cover letter accompany the statement expressing certain concerns of members of the Executive Committee. The motion was seconded by Dr. Horton and passed.

**Old Business.** Dr. Spillman moved that the Executive Committee of the N. C. Dental Society strongly urge Dr. Archie T. Johnson

to put a dentist on the statewide Health Coordinating Council dealing with the State's Health System Agencies. Dr. Maxwell seconded the motion and it was carried.

**Recess.** The meeting recessed at 6:13 p.m., Saturday, September 27.  
**Reconvene.** The meeting reconvened at 8:01 a.m., Sunday, September 28, with all members present except Dr. Spillman.

**New Business.** The Committee considered the request of \$1,500 submitted by Mrs. Pattishall.

Dr. Barden moved that due to the fact that the Society's reserve account was far short of the anticipated goal and with the present inflationary trend using up these funds rapidly, the Society cannot afford to donate funds to the N. C. Dental Auxiliary at this time. The motion was seconded by Dr. Litton and it passed.

Several members of the Committee voiced the opinion that the Society should do everything else in its power to assist the Auxiliary with their program in Pinehurst.

Dr. Litton moved that Dick Rankin's request for funds be denied for the same reasons stated by Dr. Barden on the Auxiliary request but offer the Society's assistance in any other way possible. Dr. Purvis seconded the motion and it carried.

Dr. Horton moved that the Executive Committee support the resolution of the N. C. Delegation to the ADA House of Delegates concerning separate ADA Scientific and House of Delegates Meetings, the proposed House meeting to be annually in Chicago. The motion was seconded by Dr. Litton and passed.

Dr. Horton moved that the Society ask its members to look into their professional liability coverage to make sure it is adequate and request the School of Dentistry to look carefully into its course of instruction on dental jurisprudence to make sure that the course is sufficient. Dr. Litton seconded the motion and it was carried. Dr. Barden moved that Dr. Horton's motion be amended by adding that information on professional liability insurance be put in the next Newsletter and that the N.C.D.S. Insurance Committee be instructed to inform the District Insurance Committees of the necessity for communicating to district members the importance of adequate professional liability insurance. The motion was seconded by Dr. Horton and passed.

**Next Meeting.** To be determined later.

**Adjournment.** The meeting adjourned at 10:56 a.m., Sunday, September 28.

ROBERT B. LITTON, D.D.S.  
Secretary-Treasurer

## **RALEIGH, NORTH CAROLINA** **October 10, 1975**

**Call to Order.** The Executive Committee convened on Friday, October 10, 1975, at the Royal Villa Motel in Raleigh, North Carolina. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 10:02 p.m. and led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President; P. C. Purvis, Vice President; R. B. Barden, President-Elect; R. B. Litton, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman, G. R. Willis.

Staff present: R. L. Cherry, Executive Secretary.

Others present: Ferris M. Hoggard, Executive Vice President, Delta Dental Plan of N. C.; Glenn F. Bitler, President, Delta Dental Plan of N. C.

**Medicaid.** Lengthy discussion was held concerning negotiations between the N. C. Medical Peer Review Foundation, the N. C. Dental Society, and Delta Dental Plan of N. C. over Delta Dental Plan of N. C. assuming the responsibility of handling problem cases under the dental portion of Medicaid on a paid basis.

Dr. Spillman moved that the Executive Committee approve the proposed letter of agreement between Delta Dental Plan of N. C. and the N. C. Medical Peer Review Foundation concerning DDP of N. C. handling problem dental Medicaid cases for the Foundation subject to the comments of the Society's attorney and the addition of the two monthly financial outline forms as part of the agreement. Dr. Horton seconded the motion and it passed with one abstention by Dr. Barden.

**Dental Consultants.** Dr. Maxwell commented on the N. C. Medical Peer Review Foundation's request for a list of dental consultants to assist them with certain dental Medicaid decisions. The Committee discussed the best method for consultant selection.

Dr. Barden moved that the President of the Society appoint a committee composed of the Ethics Committee and others he deems appropriate to act as a nominating committee to furnish names as dental consultants to the Executive Committee for appointment or rejection. Dr. Litton seconded the motion and it passed.

**Adjournment.** The meeting was adjourned at 12:44 a.m., Saturday, October 11, 1975.

ROBERT B. LITTON, D.D.S.  
Secretary-Treasurer

November 15, 1975  
Research Triangle Park  
North Carolina

**Call to Order.** The Executive Committee convened on Saturday, November 15, 1975, at the Governor's Inn in Research Triangle Park, North Carolina. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 4:05 p.m.

**Roll Call.** Officers present: H. E. Maxwell, President; R. B. Barden, President-Elect; P. C. Purvis, Vice President; R. B. Litton, Secretary-Treasurer.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, G. R. Willis, J. H. Spillman.

Others present: Dr. George Dudney, Mr. Ferris Hoggard.

**National Health Service Corps.** The recent newspaper article concerning the Fifth District Dental Society and the National Health Service Corps was discussed. A representative from the Department of HEW, Atlanta Regional Office, has been invited to a luncheon on December 6 at the District Officers Conference to talk about the problem. It was also suggested that Dr. Maxwell make a statement to the press about the situation.

**Central Office.** The rental of office space for the Central Office was discussed. Dr. Spillman moved that the Central Office Committee investigate the possibility of moving the Central Office to other space and report back to the Executive Committee with their recommendations at the next meeting. Dr. Barden seconded the motion and it passed.

**Dental Consultants for Medicaid.** Dr. Horton moved that the 20 dental consultant candidates selected by the Ethics Committee of each district be written to see if they will serve and a workshop set up for those eventually selected by the Executive Committee. The motion was seconded by Dr. Spillman and carried.

**Central Office Salaries.** The Central Office Committee was requested to make recommendations for salary increases for the Central Office staff at the next Executive Committee meeting.

**Adjournment.** The meeting adjourned at 6:20 p.m.

ROBERT B. LITTON, D.D.S.  
Secretary-Treasurer

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## SECOND DISTRICT NEWS

(Continued from page 11)

Jr.; and Corresponding Secretary: Mrs. Randolph Kixmiller.

At the last business session, election of our district officers was held and they are: President: Dr. Ken Owen; President-Elect: Dr. Bob Wilkinson; Vice-President: Dr. Wally Honeycutt; Secretary-Treasurer: Dr. W. W. Blackman; Editor: Dr. Jim Harrell, Jr.; Executive Committee: Dr. Vic Andrews, and Dr. Guy Haddix; Delegate: Dr. William Bean.

It was announced that Dr. Harry Spillman would seek the office of Secretary-Treasurer of the State Dental Society from our district.

The Tar Heel Dental Seminar was a success which combined learning and enjoyment. We owe Dr. Biddix and his Committees a vote of thanks for their efforts.

**STATEMENT OF OWNERSHIP,  
MANAGEMENT AND CIRCULATION**  
(Act of August 12, 1970; Section 3685, Title 39,  
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# 23rd Annual District Officers Conference

North Carolina Dental Society  
Velvet Cloak Inn  
Raleigh, North Carolina  
December 6, 1975

**Call to Order.** The 23rd Annual District Officers Conference was called to order at 9:15 a.m. on Saturday, December 6, 1975, at the Velvet Cloak Inn, Raleigh, North Carolina, by Dr. Charles W. Horton, President of the Conference.

**Invocation.** Dr. Robert B. Litton, Vice President of the Conference, led in prayer.

**Society Report.** Dr. Harold E. Maxwell, President of the Society, gave a report on the activities of the North Carolina Dental Society.

**1975 ADA House of Delegates Report.** Dr. Ralph D. Coffey, Chairman of the N. C. Dental Society Delegation to the ADA, reported on the principal actions of the 1975 ADA House of Delegates.

**Group Discussion.** The Conference recessed at 10:00 a.m. for individual district officer training and group discussion. The Conference reconvened at 1:40 p.m.

## TRAINING SESSION REPORTS

**District Editors.** Dr. R. J. Shankle, NCDS Editor-Publisher, reported on the district editor's training session. Suggestions from the group were that district editors be appointed for a three year period and each district consider sending their editor to the ADA Journalism Seminar held each year at Michigan State University at the beginning of the editor's term.

**State Committee Chairmen.** Dr. Jon W. Couch presented a suggestion by the Committee Chairmen group that each committee of the Society prepare a resume type report of the Committee's actions for the JOURNAL to keep the membership better informed.

**Vice Presidents.** Dr. P. C. Purvis, Vice President of the Society, reported on the district vice president's training session. The vice president group discussed the problems with locating prospective new members and mandatory attendance by new members at the district meetings.

A motion was duly made, seconded, and passed by the Conference which states: If 30 days after the Central Office has tried to contact a new dental licensee there is no reply, the Central Office is to send a follow-up letter to the prospective new member.

The Conferees also passed the following motion concerning mandatory new member attendance at district meetings:

**Resolved,** that the district societies submit to the NCDS Executive Committee the names of all new applicants for membership who have not complied with the mandatory attendance at the district meet-

ings and that the Executive Committee handle the disposition of the membership status of these applicants.

Dr. Purvis further stated that the benefits of membership should be stressed to all new members.

**Presidents-Elect.** The report of the district presidents-elect was presented by Dr. R. B. Barden, President-Elect of the Society. Dr. Barden stated that the areas considered by the group included panel or forum discussions at district meetings, more communication from districts down to local societies, district policies in concert with state policy, and the advantages of holding a second district meeting in each district each year.

The tentative dates for district meetings in 1977 are:

First District—September 23-25  
Second District—September 9-11  
Third District—September 30-October 2  
Fourth District—October 7-9  
Fifth District—September 16-18

**Secretary-Treasurers.** Dr. Robert B. Litton, Secretary-Treasurer of the Society, reported that the district secretary-treasurers had discussed their duties and a problem with new member application responsibility.

A motion was duly made, seconded, and passed that: Due to the recent change in district vice president responsibilities concerning new member applications, Sections 1-3, page 15 of the DOC Manual should be deleted to alleviate duplication of effort.

**Presidents.** The discussion of the district presidents was presented by Dr. Charles W. Horton, Past President of the Society.

Two motions were made and passed by the Conference concerning Dr. Horton's report:

— **Resolved,** that the 1975 DOC go on record requesting that those persons making state committee assignments made up of district representation or to committees that have the same committee name function on state, district, and local levels hereby make it a policy to consult with district officials before making such assignments.

— In the interest of stimulating attendance and involvement of the Society membership at the district level be it resolved that the district presidents make every effort to effectively utilize the time available for their business meetings and thereby keep their annual business meetings as brief as possible in an attempt to make them more desirable for attendance.

**Liaison Committee Reports.** Dr. P. C. Purvis reported his liaison between the Dental School and the State Board about H.B. 433 concerning educational opportunities for dental students. Dr. R. B. Barden gave a report on his liaison between the State Board and the Dental Laboratory Relations Committee.

**Adjournment.** The meeting adjourned at 3:45 p.m.

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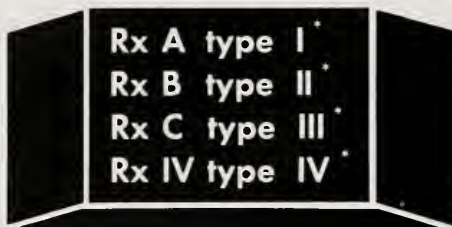
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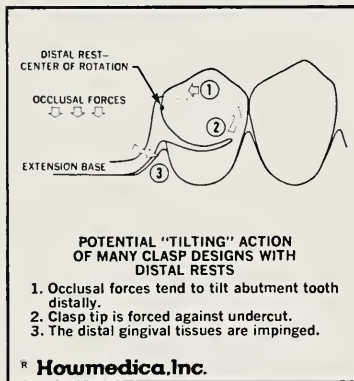
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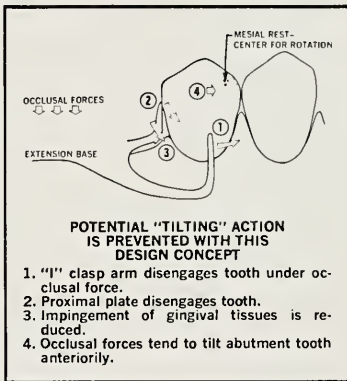
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# PRESIDENT'S REPORT

## The Spirit of '76



H. E. Maxwell, D.D.S.

The Spirit of '76 is in abundant evidence this year and your Annual Sessions Committee hopes you will join us in Pinehurst for the Bicentennial Program. We hope you will come early. Much effort has been made to have outstanding table clinics and projected clinics on Sunday afternoon. Another special feature this year will be the Health Evaluation Clinic which your Society is sponsoring at the Moore County Hospital Sunday and Monday. President-Elect Dr. Frank Shuler of the American Dental Association and Dr. John Faust, Fifth District Trustee, will be with us for our opening session Sunday evening.

Monday morning Charles Kuralt, famous news commentator and on-the-road television personality, will be our keynote speaker. Dr. Kenneth Lawrence and Dr. "Bud" Ham will present our scientific program. Remember the banquet will be on Monday evening this year and the second business session will be on Tuesday evening.

Many issues confront the North Carolina Dental Society and the profession in general. We have more opportunities now than ever before to meet the dental needs of the citizens of North Carolina. A meeting was held for your officers, executive committee, representatives from the School of Dentistry, the State Board of Dental Examiners, and ADA Delegation, in Washington, D. C. with the North Carolina Congressional Delegation. This second annual meeting was held March 11, 1976. We presented the North Carolina Dental Society's views on pending and proposed legislation and shared some of our concerns regarding a number of subjects that affect the dental health care delivery system.

Dr. Jim Edwards and Dr. Willie T. Wilkins and their committee members are to be commended for their efforts to eliminate many of the problems experienced by dental providers with the Title XIX Medicaid Program. Many problems still exist but hopefully the dental consultants now working through the Delta Dental Plan can help expedite prior approval, case review, and subsequently, prompt payment of claims.

Many members have suggested that the North Carolina Dental Society adopt a policy regarding third party payment plans similar to the Indiana Plan that was described in our JOURNAL sometime earlier. Dr. Charles Reap is the chairman of a committee that has been studying this proposal and will

present specific resolutions for adoption at the House of Delegates.

As a result of efforts of technical assistance from East Carolina University and the University of North Carolina, additional communities have requested District and State Society approval of their applications for National Health Service Corps dentists. Their criteria for establishing an area of dental manpower shortage is primarily the dentist/population ratio, 1 to 5,000, as identified by HEW in the *Federal Register*. We do not agree that the ratio of 1 to 5,000 is in itself a valid one for designating an area as a dental manpower shortage area. Many other factors need to be considered. We now have a State Dental Manpower Assistance Committee and Dr. Garland Homes is serving as chairman. The committee will initially review all applications. It is inappropriate to have a government sponsored dental clinic in competition with private enterprise dentists. However, we must not be arbitrary or capricious in any disapproval of an application. Any disapproval must be justified. We must carefully examine these areas and determine the availability of dental manpower. If indeed we do have areas where the demand for dental service cannot be met, we have the opportunity and, in fact, the duty as the profession, to help these areas secure adequate dental manpower. Hopefully, through the private sector. However, if that effort is unsuccessful, we should support the recruitment of National Health Service Corps dentists.

The Commission on Licensure was created by the 1974 American Dental Association House of Delegates with a view toward developing Association policy for consideration by the House of Delegates and/or guidelines which might be useful to the State Boards of Dentistry in discharging their public responsibilities. As of 1973 (Trans. 1973:718) the Association policy on reciprocity was "the American Dental Association favors reciprocal agreement for licensed dentists who meet specific professional criteria which has been established by individual State Boards of Dentistry to insure the protection of the public." The report of the Commission on Licensure to the 1975 House of Delegates resulted in three resolutions, 22, 23, and 24, and the discussion which ensued generated even more. The overall results were that the original

(Continued on page 14)



# GUEST EDITORIAL



Dr. Van Hassel

## Excellence and Dental Practice

H. J. Van Hassel, B.A., D.D.S., M.S.D., Ph.D.\*

Many have decried the exaltation of mediocrity which seems to characterize our national aspirations. This emphasis on "good enough" seems to have resulted from a corruption of the perfectly reasonable pursuit of an ideally egalitarian society. We have confused the need for certain general over-riding kinds of equality, e.g. equality of opportunity and equality before the law, with a pathologic insistence that inequalities of performance and achievement be suppressed, denied or go unrewarded. The average has become the ideal and excellence has been dismissed as elitism. Happily, we are now approaching the more reasonable view that excellence merits recognition when it is based upon objective merit and is judged by appropriate standards.

In many ways, by sheer accident of the conditions under which he earns his livelihood, the dentist is uniquely qualified to lead in a resurgence of the pursuit of excellence. Unlike those employed in enterprises directed by others, he is not constrained to identify with standards of excellence (sales quotas and increased productivity at the expense of quality, for example) which are not consonant with his own ethical code. As a professional and a craftsman, in the highest sense of the word, he need aspire only to his own vision of the best.

Further, in contrast to those laboring in political, economic or environmental fields, the dentist is blessed by dealing in

areas in which excellence is closely and simply defined. Open margins of inlays and alloy overhangs are easily identifiable. Inadequate debridement of root canals and superficial attempts at subgingival scaling are susceptible to correction through dedication and concentration. The price the patient pays for continued shoddy workmanship, if not swift, is sure. The decision for excellence is personal, the result predictable, and the opportunity to start anew presents with each procedure.

Why then, blessed as we are with definable and predictable standards of excellence, do we miss the mark? In some instances, perhaps due to inattention or unwillingness to expend the psychic energy and concentration which excellence requires. In other cases, more deplorably, because of conscious decisions to pursue unrealistic economic goals to the exclusion of all else.

Such attitudes and performance have taken their toll, as evidenced by the increasing disenchantment of the lay public with practitioners of the healing arts. Where once the doctor was presumed selfless, he is now presumed selfish. In response to this apparent lack of commitment to excellence government has prepared laws establishing review organizations to inspect the level of professional performance. These procedures may have their place. But if history can teach us anything, it is that social progress results not from changes in man's laws, but from changes in men's hearts.

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# EDITORIAL



*"What is past, is prologue."*

Shakespeare: *The Tempest*, II

## Where Do We Go From Here?

During a short twenty-five year period of time formal dental education in North Carolina has grown from a class of 40 students in a quonset hut, in a grove of pine trees, into an institution with international recognition. In size, it grew into a facility of approximately 210,000 square feet. In faculty strength it grew from one to approximately 130 full-time faculty members. In depth it grew from a program to educate Doctors of Dental Surgery, into an institution offering more diversified programs than any other School of Dentistry in the world. In student body size it grew to over 500 in all programs of dental education. Its efforts have been threefold: education, service, and research. The Dental Research Center is one of five regional dental research centers in the nation.

Very few North Carolinians and not enough dentists are aware of the history of dental education in North Carolina. It was only through the efforts of a strong and dedicated North Carolina Dental Society for twenty-five years and finally combined with the efforts of a Great University that a School of Dentistry was formed. It took approximately thirty years of effort before the first Doctor of Dental Surgery degree was awarded in 1954.

The 1925 proceedings of the North Carolina Dental Society read as follows: "The Dental College Committee reports the following: That during the year there has been considerable agitation over the question of forming a dental college in this state. We, as your committee, wish to suggest that the North Carolina Dental Society go on record as favoring such a movement and at the proper time and at the proper place." The following year the same committee reported: "We believe our long sought for dream is drawing nearer to realization."

A report from the 1927 Dental College Committee:—

"In due time, we may reasonably expect our dream of a class A dental college, second to none in the entire world—".

Although there is some negativeness from time to time, during the past period of time of over one half century, the dreams of the Founding Fathers have come true. Many of these individuals have passed on since the early 1920's, unknown, unrecognized, and some recognized. Most of these are unknown or even heard of by a majority of the dentists of North Carolina today. Although, the foundation on which they practice dentistry today was laid by these individuals, through years of effort with sometimes hardships and conflict.

It is important for all of us, on this 25th Anniversary Celebration of the School of Dentistry, to re-examine our objectives and priorities and proceed with vigor, to carry on the effort and precedent that has been set for us. The relay baton has been passed on to another generation of the North Carolina Dental Society and our University. In accepting it, we must realize that mediocrity is achieved easily. It is only through super human effort and dedication to ideals that excellence and leadership are achieved. A firm decision and choice must be made again between mediocrity and excellence.

Through a united, cohesive and driving effort the dental profession, the people of North Carolina, and the Great University of North Carolina can continue to achieve excellence, and in the year 2000 reflect upon the past with a proud sense of accomplishment, and pass the relay baton onto another generation.

From our present vantage point let us seize the symbol given to us from the past and race on into the future with its myriad of complex obstacles, with renewed vigor in achieving excellence.—RJS

# Items of Interest



Out going president of the Dental Foundation of North Carolina, Dr. Pearce Roberts, congratulates new president Dr. J. B. Freedland.

**Preventive Dentistry Awards.** The *Federation Dentaire Internationale* has launched an International Preventive Dentistry Awards program to encourage the development of new preventive approaches to dental health.

According to Dr. J. E. Ahlberg of London, FDI executive director, the International Preventive Dentistry Awards program will provide an opportunity for recognition of dental personnel who have researched, developed and implemented preventive dentistry projects. Deadline for submission of entries is April 30, 1976.

A top award of \$2,000 will be given in each of three categories: community programs, professional education and research.

**A.F.D.H.** Member companies of the American Dental Trade Association again topped their own record of contributions to the American Fund for Dental Health, closing their 1975 annual campaign with a record total of \$233,824.

**Believe Ban Affects Prices.** The FTC competition bureau believes that bans on advertising affect prices. Advertising by physicians would not be required under the ruling sought by the competition bureau, but would be encouraged.

The FTC has alleged that the advertising prohibition in the AMA's *Principals of Medical Ethics* has caused a situation in which:

—"Prices of physician services have been stabilized, fixed or otherwise interfered with.

—"Competition between medical doctors in the provision of such services has been hindered, restrained, foreclosed and frustrated.

—"Consumers have been deprived of information pertinent to the selection of physicians and the benefits of competition."

The antitrust complaint against AMA is buttressed by a Supreme Court decision in June involving lawyers in Virginia (Goldfarb et al vs. Virginia State Bar et al). The judgment against the lawyer group held essentially that the antitrust laws apply to the learned professions. But the decision included a footnote narrowing the Court's ruling and reflecting the central position taken in an *amicus curiae* brief filed with the Court by the ADA.

**7th International Congress of Hypnosis and Psychosomatic Medicine.** July 1-3, 1976. Sponsored by the University of Pennsylvania (Philadelphia, Pa., USA). For information write to the Institute of Pennsylvania Hospital, 111 North 49th Street, Philadelphia, Pa. 19139 USA.

**28th Annual Workshops and Scientific Program of the Society for Clinical and Experimental Hypnosis.** June 26-30, 1976. Sponsored by the University of Pennsylvania (Philadelphia, Pa.). For information write The Institute of Pennsylvania Hospital, 111 North 49th Street, Philadelphia, Pa. 19139 USA.

## Study Immunological Reactions of White Blood Cells to Corn Extracts.

The ability of corn and nut extracts to induce immunological reactions of the part of human white blood cells adds substance to a long-held concept that at times foods probably contribute to periodontal disease.

In experiments conducted at the National Institute of Dental Research leucocytes, when separated from the rest of the blood and maintained for about one week in culture fluid containing corn extract, demonstrated very rapid proliferation as compared to those lymphocytes not exposed to corn products. It was pointed out that black walnut, pecan, and almond extracts also stimulated these white cells non-specifically. NIDR News No. 137, November 1975.

## High Court Upholds PSRO Constitutionality

The Supreme Court has affirmed a lower court decision upholding the constitutionality of the 1972 Professional Standards Review Organizations law.

The high court agreed with a U.S. District Court for the Northern District of Illinois when it ruled in favor of the PSRO law in a suit brought by the Association of American Physicians and Surgeons.

Meanwhile, HEW is preparing for the Jan. 1, 1976, date specified in the law as the point beyond which HEW can begin to set up non-physician controlled peer review organizations if medical societies haven't already done so. Out of a possible 203 PSROs, 65 are currently operating and 58 are in a planning phase. However, it is expected that HEW will give preferential treatment to physician groups in the 80 remaining jurisdictions that are unorganized, despite the passing of the Jan. 1 deadline.

PSROs are organized under the Social Security System for the review of Medicare and Medicaid care delivered in institutional settings. At present their membership is open only to physicians and osteopaths.



# In a Mirror Dimly

Alvin L. Morris, D.D.S., Ph.D.\*

President Friday, Chancellor Taylor, Vice Chancellor Sheps, Dean White, President Kennedy, distinguished guests, ladies and gentlemen, friends of the University of North Carolina School of Dentistry.

Had I been on the planning committee for this important event, I would have supported exactly the approach which has been taken for this program. While I probably would have voted for a different speaker, it does seem to me to be appropriate to bring in an outsider, someone who can view the 25th Anniversary of this School of Dentistry from an external—national perspective.

Speaking assignments of this type are among the most difficult for me. The address occurs *after* the audience has spent a long day in sessions which were stimulating and intellectually demanding, *after* a long social hour, *after* a good and heavy meal, and at a late hour—and to a mixed audience of dentists and their wives. There is the desire to somehow provide a meaningful message while serving as an after dinner entertainer.

Ladies and gentlemen, the soft-shoe routine is not my style. This occasion is too important to take lightly. It is my strong desire to provide a fitting conclusion to this day of commemoration. My approach will be to give an outsider's view of the University of North Carolina School of Dentistry's first twenty-five years; an outsider's view of the milieu in which it has and does function; an outsider's view of this School as part of the Dental Profession in North Carolina and the Nation.

I speak, not as an outsider who possesses special wisdom but as one who merely has the advantage of an external viewpoint. I say *advantage*, because I

believe there are many factors which compromise self-inspection. Too often, unavoidably, when one looks at one's self, the view is as in a mirror dimly.

How much more difficult would be my task had I been called to make this presentation at an ordinary dental school. How fortunate to be able to speak in superlatives about the first 25 years of the University of North Carolina School of Dentistry—and to speak without worrying that my credibility would be challenged as merely a polite visitor. The accomplishments of this School are known and recognized. Whether one's professional interests focus on clinical training, the training of auxiliaries, the modification of dental care delivery modes, dental research, educational facilities, continuing education or graduate education, that focus inevitably draws one to the example of this school. The University of

North Carolina School of Dentistry is a respected leader.

I presume most of this audience is aware of the national survey which sought to rank the schools of the major health professions according to their perceived excellence. This dental school was ranked number one in the Nation. Now there was much about that survey that could be criticized. It clearly was subjective in that it represented the judgments of senior academic officers from many fields throughout the Nation, without the criteria for judgments being very tightly defined. But, it is not to be ignored—especially when one notes that the entire survey was repeated a few years later following more acceptable procedures and—this dental school, once again—ranked number one.

And so it is with much confidence and satisfaction that I say that the dental profession in this Nation respectfully salutes and congratulates this dental school for its outstanding accomplishments in its first 25 years.

What I would like to do is spend a few moments speculating upon and offering my opinion upon why it happened—why this school did so well.

Although it may be so obvious as to be trite, I must first acknowledge that it happened because of the quality of the performance of its faculty. When it is all said and done, when good things happen around an educational institution, it's because the faculty performs well. No school can be better than its faculty. Thus, I pay my respects to faculty, past and present.

But no one could deny that good things happened at this school because of the quality of its leadership. It is indeed appropriate that a good measure of tonight's affair be couched in terms of a tribute to Dr. John Brauer. One is tempted to pause for a moment of silence in honor of his memory.



Dr. Alvin Morris

\*Former Dean and Vice Chancellor Health Science, University of Kentucky. Presently Executive Director of Association Academic Health Centers.

Dr. Brauer was perhaps at his peak in 1961 when I became a dean. Being very young and wet behind the ears, knowing there was much he could teach, I watched him with great care. Hard-working, thoughtful, strong-willed, I watched with fascination the doggedness with which he pursued beliefs or projects to which he was committed. But always he functioned as a gentleman—concerned about others and offering his help as freely as he shared his ready smile.

How fortunate for this school that it had spawned a Jim Bawden. Instead of Dr. Brauer's retirement resulting in a loss of momentum for a young school in its adolescent years, there occurred a new burst of leadership which assured its solid maturation. Dr. Bawden, in 1966, became part of that small cadre of second-generation deans who would be the guiding force of dental education in the late '60's and early '70's. We all watched with admiration and respect as this dental school, under Jim Bawden, maintained its strength in those areas where a reputation had been established while it became a strong leader in basic research and in the area of dental care delivery. In tune with the times, but at the cutting edge of progress, is how I would characterize Jim Bawden's leadership at the University of North Carolina and at the national level. Jim, I congratulate you on your unusual accomplishments on behalf of this school and the dental profession.

While the credit for the past goes to John Brauer and Jim Bawden, the hopes and expectations for the future lie with Ray White. I don't know how you did it, Dr. Sheps, but the recruitment of Ray White is going to be recorded as one of your stellar accomplishments as Vice President. As one who has been privileged to know and work with Ray as a colleague at Kentucky, I say without qualification that the continued excellence and leadership of this school is assured.

In further examining why this dental school experienced such unusual success in 25 years, this outsider would emphasize the significance of the fact that it lived those 25 years as part of a great university. Again, I am in the fortunate position of not having to defend the statement that this university is recognized as one of the truly great universities of our nation. The benefits which accrue to the dental school as a result of that fact are both direct and

indirect. While the indirect and somewhat intangible benefits are perhaps the most important, one direct benefit which can be cited is the Dental Research Center. Without going into detail, I can say with confidence that it is because of the reputation and strength of the Medical Center and the larger university that the Dental Research Center exists at North Carolina. While some of my biases become transparent with this statement, I would express the opinion that, while this dental school is not number one in the Nation *because* of the Research Center, it would not be number one without it.

An additional explanation for the success of this school at its 25 year mark lies in the extremely significant contributions which have been made by the practicing profession in North Carolina. This occasion must not pass without acknowledging that this dental school would not exist and it would not have prospered were it not for the dentists of the State. It was interesting to trace the role of the North Carolina Dental Society as I reviewed literature in preparation for these remarks. In 1921, a Dr. Tucker enticed the Board of Trustees of the University of North Carolina to appoint a committee of the board to investigate the establishment of a dental school. There was a Dental College Committee of the Dental Society as early as 1925.

The Dental Society's commitment to a dental school continued in spite of interruption of activities during the depression and World War II. But, through their continued efforts, a school emerged. Then, demonstrating their convictions with their money, dentists contributed over \$100,000 to launch the school. Later, they once again contributed from their personal income to help make the Dental Research Center a reality. The deep interest in this school by the dentists of North Carolina has always been in evidence. Those of you present tonight and all North Carolina dentists are to be congratulated for their contributions to the success which this day commemorates.

And so, on this happy occasion, we all rejoice in what has been accomplished in this place over the past 25 years.

But should not this occasion have part of its focus on the future? Can we help but speculate upon the prospects of the success story of the past 25 years being replicated in the next

25? Those factors which will impact on that prospect could form the subject of a month of banquet speeches. I want to talk seriously for a few moments, however, on just one aspect of the future about which I am becoming increasingly concerned.

I am worried, uneasy if you will, about my ability to say some negative things in the positive context in which they are intended. Please bear with me, and help me, by thinking seriously but positively on some issues of importance.

I only hope that I can be as successful as the Catholic nuns they were talking about in Lexington last winter. Now it may have come to your attention that they play a little basketball at the University of Kentucky. The story is told of two rural Kentuckians from the mountain country of Pike County. Finally, after many years, they had been successful in securing two tickets to see the Kentucky Wildcats play one of their Southeastern Conference rivals. But when they arrived in the Coliseum, they found they were seated behind two Catholic nuns from an order that wore high, flared habits on their heads. Immediately they found they were forced to stretch and strain to look over and look around the habits in order to see the game. Finally, one of them said in a loud voice, "I'm going to go to Arkansas; there're only 25 percent Catholics there." The nuns did not react in any way, seemingly oblivious to the remark. The two men continued, in desperation, to attempt to look over and around the nuns. Then the other man said in a loud voice, "I'm going to go to Mississippi, they have only 10 percent Catholics there." Whereupon the smallest nun turned and in a sweet voice said, "Why don't you go to hell; there aren't any Catholics there."

It is with very real pride that we can look back upon the development of this relatively young profession of dentistry. Having its origin among the turmoil and strife of a new nation, it "flowered," if you will, into a strong, independent and influential social force in contemporary America. There are many flowers in dentistry's cap and there is very real beauty in our history and in our tradition. One of those flowers has been dentistry's reputation as a *progressive* major health profession. One of those flowers is the fact that, on Capital Hill, dentistry has, in the past, been recognized and respected



as a unified profession that spoke to the people, through their elected representatives, with one voice. One of those flowers has been the unique way in which all segments of the profession—organized dentistry, dental educators, State Boards of Dental Examiners, dental auxiliaries, the dental trades and dentally related industries—in which all segments of the profession cooperated in their independent and interdependent development. This dental school is an excellent example of that cooperation. One of those flowers has been the established pattern within the dental family to disagree without being disagreeable and to place first those actions which were best for the common good of the profession and the public it serves.

I speak to you tonight as one with deep concerns about the well-being of our profession. As one observes activities of recent times one is forced to ask the painful question—are these the activities of a progressive, unified, co-operating, agreeable profession?

The symptoms of dentistry's current malady can hardly be described as localized in nature. They are being felt by many individual organizations. But nowhere is the dis-ease more conspicuous than the relationship between dental education and the profession at large.

The dental health professions, the multiple educational ventures which make them possible, and the many organizations which guide their activities, comprise an exceedingly complex social system. As is usually the case, most everyone involved has a rather firm idea of how everyone else in the system should behave. What is lacking, though badly needed, is a mechanism whereby a coordinated approach to the making of decisions and the setting of guidelines for the future can be accomplished. Such decisions and guidelines in the area of education are particularly important since education is the doorway through which everyone enters the system.

Dental educators are in a unique position in that, while they are committed to their profession, they are ultimately responsible only to their university. While the House of Delegates of the American Dental Association and Boards of Examiners can influence education, they *cannot* direct the university to do anything. Dental educators must walk their middle ground with integrity as they remain true to

their university but responsive to their profession. While they control future professional roles by what they teach, they must not assume that they have the sole privilege or right of determining what that role shall be. Conversely, the profession, the power of its organizational structures notwithstanding, simply cannot be the determinant of that role. Thus, the future of dentistry will directly reflect the level of understanding and the quality of the relationship between dental educators and the practicing profession. The only leadership which will be effective will be the leadership which is shared.

As we contemplate the next 25 years, one fact becomes immediately apparent—there is essentially no difference in those social, political and economic factors which appear to be shaping our society at large, and those social, political and economic factors which appear to be shaping our profession. It is simply no longer possible to take an isolated view of dentistry. There is no vantage point—no place to stand—which will permit you to see the discreet boundaries and profile of a health profession today. A health profession can only be viewed as it fits within the mosaic of mankind—as one element of the intricate pattern of interlocking places which comprise the fabric of society as we know it today. The burden we bear as health professionals is the inevitability of our involvement in that broader society.

It is my opinion that the dental profession today and the next 25 years must be characterized by one feature above all others and that is a demonstrated willingness to accept and effect change. Change we must! And change we will—either willingly following the course, which the profession prescribes or reluctantly stumbling down the path defined by others.

No one can sustain the argument that the dental health care delivery system of this Nation is adequate. The status quo will *not* be maintained in a society committed to social change. Business as usual will *not* get the job done. The dental profession must not be vulnerable to the charge that our policies are designed to serve the interests of the profession first and that they fail to reflect a commitment to the public to whom we are ultimately responsible.

It is my firm conviction that what must guide our future are policies jointly derived through the cooperative

efforts of dental educators and the practicing profession. The quality of that cooperation will be a determining factor in what constitutes dental practice in the future—and will be a determining factor in what constitutes education and what this school can accomplish in the next 25 years.

Ladies and gentlemen, we gathered here tonight to commemorate the splendid accomplishments of this school of dentistry during its first 25 years. The reason we can take so much pride in those accomplishments is because this school, its deans and faculty have not been followers.

And, surely, most of you would have predicted no less of a school which arose among the pine trees of North Carolina. This state, which chose "First in Freedom" as its Bicentennial slogan; this state which was the first colony to sever its bonds with England and which held the first Provincial Congress in America; this state in which the first dental society in the Nation was formed; this state would surely spawn a dental school which would strike new paths—which would provide leadership for change.

I feel confident there are those in this audience who recognized the source of the title for my remarks tonight. It came from the 13th Chapter of First Corinthians. I will say no more than to remind you that this is the chapter which speaks those poignant words explaining the meaning of love.

As dental education and the University of North Carolina School of Dentistry traverses the next 25 years, we must be protected from what Gardner has called the cross-fire between uncritical lovers and unloving critics. Both see as in a mirror dimly. The uncritical lovers would encourage dental education's stagnation. The unloving critics would encourage its destruction.

Universities and dental schools are not just luxuries in which society and the profession indulges itself, or ornaments with which it decorates itself, or tool bins from which it equips itself. The university dental school is a special-purpose community, set *apart* from the larger profession, because of its particular emphasis on the *gathering, sharing and using* of knowledge. I am unable to take seriously any projection of our profession's future which does not place a premium on demonstrated competence and trained intelligence. Education will continue to be the in-



strument for the fullest development of human potential. I cannot take seriously any view of our Nation's or profession's future which does not have a key and central function for the universities and dental schools of our land.

### THE CALF PATH

One day, thru the primeval wood,  
A calf walked home, as good calves should;

But made a trail all bent askew,  
A crooked trail as all calves do.

Since then two hundred years have fled,  
And, I infer, the calf is dead.  
But still he left behind his trail  
And thereby hangs my moral tale.

The trail was taken up next day  
By a lone dog that passed that way;  
And then a wise bellwether sheep  
Pursued the trail o'er vale and steep,  
And drew the flock behind him, too,  
As good bellwethers always do.

And from that day, o'er hill and glade,  
Thru those old woods a path was made:  
And many men wound in and out,  
And dodged, and turned, and bent about

And uttered words of righteous wrath  
Because 'twas such a crooked path.  
But still they followed—do not laugh—  
The first migrations of that calf,  
And thru this winding wood-way stalked.  
Because he wobbled when he walked.

This forest path became a lane,  
That bent, and turned, and turned again;  
This crooked lane became a road,  
Where many a poor horse with his load  
Toiled on beneath the burning sun  
And traveled some three miles in one.  
And thus a century and a half  
They trod the footsteps of that calf.

The years passed on in swiftness fleet,  
The road became a village street;  
And this, before men were aware,  
A city's crowded thoroughfare;  
And soon the central street was this  
Of a renowned metropolis;  
And men two centuries and a half  
Trod in the footsteps of that calf.

Each day a hundred thousand rout  
Followed the zigzag calf about;  
And o'er his crooked journey went  
The traffic of a continent.

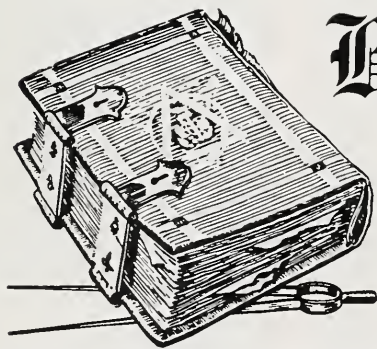
A hundred thousand men were led  
By one calf near three centuries dead.  
They followed still his crooked way  
And lost one hundred years a day;  
For thus such reverence is lent  
To well established precedent.

A moral lesson this might teach,  
Were I ordained and called to preach,  
For men are prone to go it blind,  
Along the calf paths of the mind,  
And work away from sun to sun,  
To do what other men have done.

They follow in the beaten track,  
And out and in, and forth and back,  
And still their devious course pursue,  
To keep the path that others do.

But how the wise old woods could laugh,  
Who saw the first primeval calf!  
Ah! many things this tale might teach,—  
But I am not ordained to preach.

For the new paths that this school  
of dentistry has struck over the past  
25 years a grateful profession offers  
its thanks and its sincere congratulations. •



## Book Reviews

**MY AMATEUR WORLD.** Peter S. Gilchrist, Jr. 79 pages and 78 full page color pictures. Gilchem Corp., Charlotte, North Carolina. Cost \$10.00.

This book was written by the guest editorialist of the 1976 Winter Issue of the North Carolina Dental Journal.

In his preface, the author states that somehow he hopes the book might find its way into a dentist's or physician's office where among the three month old magazines some patient might pick it up and scan it for a few minutes to pass the time.

This remarkable book represents 300,000 miles of world traveling in more than 125 countries in a span of twenty years.

A man of keen intellect, with a zest for life and a seeking curiosity, has captured the scenic beauty and a mode of life of the countries visited in words and, exceptionally beautiful color prints. These 78 pictures were taken from more than

10,000 personal travel slides. The book clearly shows how the world has changed for the traveler since World War II. Jet travel, mass communication, and world affluence has altered the face of many countries making them more like our western culture.

The author is not a dentist but a layman with deep understanding and respect for the dental profession. He is a native North Carolinian, a graduate chemical engineer, and a major contributor to many magazines including the text on North Carolina in the 1974 Encyclopedia Britannica.

The book is recommended for the dentist who is interested in leisure reading, travel, photography and finally for the pleasure of his patients for relaxed reading before a dental appointment.—RJS

## Address to The Dental Foundation of North Carolina

December 5, 1975

**President William Friday\***



Having been an observer of the entire history of this Foundation and the School it supports, it is with a strong sense of pride and pleasure that I join with you in observing the 25th Anniversary of the School of Dentistry and The Dental Foundation of North Carolina. On behalf of the University, and on behalf of all of the people of this State, I express profound appreciation for what you have done to make this silver anniversary such a memorable occasion.

The fact that the Dental Foundation was organized in the same year as the School of Dentistry is testimony to your foresight and to your determination to develop the School into one of the premier institutions of its kind in this country. I use the word, foresight, because you and your corporate supporters recognized that foundation support could mean the difference between a merely adequate operation and an excellent program. That support, coupled with the dedicated and imaginative leadership in the school itself, did make and is making the difference.

There are several prophetic notes here. Usually, foundations come into being some years after the institutions they are created to serve, because the need for supplemental effort is not recognized at the outset. The Dental Foundation and the School of Dentistry share the same birth year—a clear signal that the dentists of North Carolina intended to be a part of this growing enterprise and that you meant to reach the pinnacle without any wasted motion.

There is also a prophetic symbolism, I think, in the physical beginnings of the School of Dentistry itself. The School started in two World War II quonset huts, without waiting for a building. What was demonstrated there was an eagerness to get on with the task, a healthy impatience. This same attitude pervaded the Foundation, which in just thirty days received cash and pledges amounting to more than \$100,000.

Some of you may have heard that beloved and great North Carolinian, Chancellor Robert B. House, when he spoke to your Foundation twenty-four years ago, after the General Assembly had made its appropriation for a dentistry building. He spoke of the Foundation's work in these words:

"It is magnificent; it shows a spirit which has been exceeded by no professional organization in the State. I think

it is a spiritual thing. The dentists are not thinking of themselves. They are thinking in terms of dentally sick people in the region and the State. I believe that in the gratitude of the entire State and region the profession of dentistry has achieved spiritual leadership of a high order."

The prophecies have been fulfilled and the spirit of the Foundation has proved contagious. From the quonset hut classrooms of 1950 we have moved to this happy year in which our School of Dentistry enjoys an enviable national reputation. It is Number One. For the past two years in succession, the school has been voted the best in the nation by dental school deans from throughout the country.

The monetary contributions to a Foundation such as this one are indispensable, of course, and one measure of success. In my opinion, however, this Foundation makes contributions which cannot be captured in a statistical table. The existence of the Foundation itself sends a message to the dental students and faculty and staff and to Chancellor Taylor and to me: We are interested in what you are doing, we subscribe to excellence, we recognize the importance of research, we encourage innovation. It is indeed refreshing to find such splendid cooperation toward a common goal. The message, incidentally, goes to the larger audience outside the dental profession. The general public recognizes and applauds the effort you have made and are making to enrich programs beyond those supported by state appropriations. So there are intangible benefits which accompany the tangible gifts of money.

These tangible gifts have been impressive indeed. Incorporated in 1950, the Dental Foundation during the next two years raised \$100,000. It provided the initial funding for the construction of the Dental Research Center, today one of five regional dental research institutes sponsored by the National Institute for Dental Research. Members of the Foundation took the lead in raising matching funds for the Center. Foundation funds also were used to renovate the old student dental clinic.

The Foundation supplied initial funding for a program that is a good example of the difference an organization such as this one can make, and how it can provide an impetus for worthwhile innovation. I refer to the funds for the first closed circuit television equipment, one of the first such

\*Dr. Friday is President of the Consolidated University of North Carolina.

teaching facilities in the country and in the world. Foundation money was responsible for modernizing the old clinic. The old pedodontic-periodontic wing has been redesigned as a modern 19-chair endodontic clinic, one of the most complete such clinical facilities to be found anywhere.

Foundation funds have been spent to support junior college programs, preventive dentistry programs, numerous research and teaching efforts and to provide scholarships.

Since it was organized twenty-five years ago, the Dental Foundation has received contributions of more than \$1 million, and presently its assets are approximately \$200,000.

Dean Ray White, who is continuing the rich tradition set by his predecessors, John Brauer and James Bawden, made the point in a talk to this year's graduates that they would have to make a conscious effort to reenter the normal world of social relationships after their long, rigorous and demanding period of training. Few of us who have not undergone your arduous discipline can imagine what reentry involves. The vitality of the Dental Foundation attests that you have managed the transition very well indeed.

As Dean White said, specialists must not permit themselves to take a narrow view of the world or their role in it. At some time or other, I suspect that everyone has become so preoccupied with his work that he has been guilty, at least temporarily, of failing to relate his part to the whole effort. This happens in business, and it happens in education because it is a normal human trait.

It is reassuring to know that, through your activities as members of the Dental Foundation, you have demonstrated that you understand the School of Dentistry to be significant element of the University of North Carolina, and not an

entity separate and apart from it. Your interests are broad enough to encompass the total University, its ambitions and its problems. Such vision is the hallmark of leadership.

Change is affecting your profession, as it is all other professions, and this University. Sometimes the explosive quality of change may make us feel that it is afflicting as well as affecting our enterprises. Yet it is during these periods of most rapid change that the University can deliver some of its most valuable service. It has the human intelligence to focus on the social and economic upheavals besetting our society. What it must have in order to find solutions is the understanding and support of the public. When the University is given resources to allow it the maximum opportunity to teach, to conduct research and to render public service, it is able to anticipate change, to explain it, and to help channel it along the most constructive paths.

You are particularly well equipped to explain the mission of the University to the people. As members of a respected profession, your views command attention in your communities. You have intimate knowledge of what the University of North Carolina means to this State, region, nation and the world.

Those of us who have been privileged to watch the development of the School of Dentistry and the Dental Foundation know the value of the enthusiasm and energy you provide. Your University, consisting of sixteen campuses, needs the contributions your special talents can generate. We solicit your support.

Our warmest congratulations on this 25th Anniversary of splendid accomplishment, and you have our personal pledge of strong and abiding support in the years to come. •

## President's Report (Continued from page 5)

three resolutions were adopted with amendments and other resolutions referred portions of the report to the Board of Trustees for action by the appropriate committee to refine portions of the report and report back to the 1976 House of Delegates. North Carolina participated in the resolution to amend the statement on controls to fulfill public responsibility. The resolution was an effort toward making that statement more conservative. It is our feeling that the statement on controls as presented was much too liberal and, in fact, one portion was considered most inappropriate in that it granted absolute reciprocity to anyone licensed within the last ten years who had conducted his practice without censure or had not had his license revoked. North Carolina in concert with Florida submitted resolution 55 which was submitted by Ed Austin as chairman of the Fifth Trustee District Caucus and after discussion of this another amendment following resolution 104 was adopted.

### Resolution 104

*Resolved*, that the appropriate agency of the American Dental Association as identified by the Board of Trustees conduct a comprehensive study of all aspects of the potential impact of redistribution of dentists which would result from a system of national reciprocity, and be it further

*Resolved*, that this study shall include consideration of the ramification of existing and pending Federal legislation affecting dentistry, and be it further

*Resolved*, that special emphasis should be placed on input to the study from the American Association of Dental Examiners and constituent societies of the American Dental Association.

North Carolina's position is that a thorough study should be made on the effects of manpower distribution that might be caused by complete reciprocity. It might be possible that the redistribution of dentists which would result from a system of national reciprocity might hurt rather than help the distribution of dentists in the areas where they are needed most. The ramification of reciprocity should be considered carefully, particularly in regard to existing and pending Federal legislation affecting dentistry. Each state should have direct input into any national policies that affect that individual state before being forced into participation and a policy that would not be compatible with constituent society problems. The statement on controls as submitted is believed to be too liberal. We urge that modification of the statement should be mentioned in Resolution 55 submitted by Fifth Trustee District Caucus in the 1975 House of Delegates. We agree with the paragraph outlining provisions for sound moral character. As to federal licensure, North Carolina also believes that American Dental Association policy should be backed up by stated reasons for opposition and, therefore, also agrees with that statement as outlined by the Commission. President-Elect Buck Barden has represented North Carolina at the meeting of the Commission on Licensure.

We feel very fortunate in that we have had a dentist elected to the Board of the majority of the Area Health Service Agencies. Hopefully, we will have a dentist on the State Health Coordinating Council. We feel very strongly that this agency will have direct control of many aspects of the dental care health delivery system in the foreseeable future.

H. E. MAXWELL, D.D.S.



# Address to the Third District Dental Society On the Occasion of Their Honoring the School of Dentistry on Its 25th Anniversary

William F. Little, Ph.D.\*

It is with immense pleasure and a great sense of pride that I join you here tonight to honor our University of North Carolina School of Dentistry.—Now in its 25th year.

I know that I am among friends.

I know that more than 200 of you are graduates of the nation's number one dental school.

Many of us, of course, are not graduates of the School of Dentistry in Chapel Hill. But we are no less enthusiastic about its achievements.

We are all proud of the achievements of our School of Dentistry. . . . And I say our school because we all have supported it with our efforts, our time, our money and our influence.

Much credit must go to the Third District Dental Society, its members and to the North Carolina Dental Society for your continuing support. Without your help our School of Dentistry at Chapel Hill might well have been just another face in the crowd of dental schools.

We are indebted to each of you and to the North Carolina Dental Society for the major contributions you have made to the School of Dentistry over the years.

Just to refresh our memory. . .

Back in 1951 the North Carolina Dental Society raised \$100,000 (one hundred thousand dollars) almost overnight to establish the Dental Foundation of North Carolina.

In the spring of 1962 the North Carolina Dental Society went to bat for the School again. Dentists from across the state pledged a quarter of a million dollars to make possible the Dental Research Center, now one of only five regional dental research centers in the United States. It is considered by many to be the leading dental research center in the nation.

Construction money became a problem in the mid-1960's during the planning of a dental school addition. The dentists of North Carolina quickly came to the rescue and pledged \$35,000 to insure the architect's fees. . . in the event the

state legislature did not approve money for the fourth floor of the building. But the legislature came through. Your pledges created the necessary confidence to insure the success of this urgent project.

These are but a few of the enormous contributions made by North Carolina dentists to our School of Dentistry at Chapel Hill. Without your help our school would not have been voted number one in the nation by dental school deans across the country! Not once! But two years in succession! 1973-74 and 1974-75!

For all that you have done over the years we owe you a great debt of gratitude. And for honoring the University of North Carolina School of Dentistry here tonight. . . we say **THANK YOU!**

Much credit, of course, must go to the outstanding leadership and faculty of our school during the first 25 years. Some of the great names in American dentistry have led our school. Other great men have taught out students. And our graduates themselves are second to none around the world.

First among these great leaders must be Dr. John Brauer. Dr. Brauer left the security of the University of Southern California School of Dentistry (where he was dean) to come to rural North Carolina. He promised to build a dental school. It has been said that he brought only a dream, a briefcase and the seeds for his plan. But we all know Dr. Brauer brought much more than that.

Dr. Brauer brought with him to North Carolina great courage, both the mental and the moral strength to venture, to persevere, to overcome adversity, to achieve a goal. He brought integrity!

When Dr. Brauer accepted the challenge to come to North Carolina in 1950 he was considered by many to be the best qualified dental educator in the United States. Already he was a pioneer in children's dentistry. He was president and co-founder of the American Academy of Pedodontics. And he served as both president and secretary of the American Society of Dentistry for Children.

From an elevated position of great prestige, Dr. Brauer

\* Vice Chancellor for Development, University of North Carolina at Chapel Hill.

stepped down to take command of 40 dental students and two World War II quonset huts in a pine thicket.

I'm sure many people must have laughed when he announced during those early days that he was going to build the finest dental school in the nation. . . .

But Dr. Brauer had a vivid imagination. . . .

He imagined that the University, the North Carolina Dental Society, the state legislature and the people of North Carolina would support his plan. . . .

And we all know that's exactly what happened!

Dr. Brauer built a tradition of excellence during the years 1950 through 1966. But ill health cut short his career. And it became necessary to find a successor.

Dr. James Bawden became the second dean of the school in 1966. And in eight (8) short years he carried the School of Dentistry to the top. A man of remarkable talent and insight, Dr. Bawden is credited with strengthening existing programs, beginning new ones and instituting a new and different undergraduate curriculum. The new curriculum stressed total patient care.

During the years while Dr. Bawden led the school, the Dental Research Center rose to national prominence.

Dr. Bawden stepped down from the deanship in 1974 to return to teaching and research. And once again we undertook the enormous task of finding a man of remarkable ability.

We found this man in Dr. Raymond White. His task is probably the most challenging of all. When you take over the nation's number one team, you can either hang on to Number One or fall back among the ranks. You cannot go higher! Our expectations of him are very high, but competition among the nation's most select dental schools is fierce! They all want to be number one! He has our total support, and we wish him well.

Time will not permit me to even list other great teachers, researchers and administrators who have served with distinction in Chapel Hill. There have been many who have left our School of Dentistry for places of honor throughout our land. One of course, is your own Dr. Don Allen of Burlington, a 1959 graduate of our school, who is now dean of the University of Florida School of Dentistry. Another graduate is now chancellor of medical sciences at the University of Puerto Rico (Dr. Jorge Fernandez).

While we are tossing accolades, we must claim some credit ourselves for the School of Dentistry's excellent record. The University administration has always given its full support to the School of Dentistry. I know that I speak for Chancellor Ferebee Taylor and Vice Chancellor Cecil Sheps when I say we will continue to do so. The School of Dentistry is very much a part of the University. And like a proud parent, we are always happy to share in its successes as we are doing here tonight.

In closing, I would like to say that the successes of the University of North Carolina School of Dentistry have come about as a result of our working in harmony with each other. Your spirit here in the Third District is high, as is ours. But these are critical times. Money is a problem for everyone. We must work harder than ever. And we must continue to work together, as I know we will. It is difficult to get to the top. But it is even more difficult to stay there. With your help, and the help of the North Carolina Dental Society we can do it.

We thank you for your support. And we thank you for the honor of this night.



Dr. Richard M. Fields (center), president of the Third District Dental Society, presents plaque to Dr. Robert J. Shankle (right), director of public relations for UNC School of Dentistry, in ceremony honoring the School. Dr. William F. Little (left), UNC at Chapel Hill vice chancellor for development and public service, was featured speaker for the evening.

## Response

R. J. Shankle, D.D.S.\*

President Fields, Chancellor Little, distinguished Colleagues, Ladies and Gentlemen.

It is crystal clear to me tonight that any past differences, between the School of Dentistry, the Third District Dental Society, and the State Dental Society have led to a better understanding.

When we reason together we can climb insurmountable obstacles. When we fail to reason together we lose not only what we have but what we can hope to achieve.

The parents of the School of Dentistry obviously are the North Carolina Dental Society and the *Great University of North Carolina*.

The child you brought forth 25 years ago has attempted to live in your tradition inspired by age, wisdom, courage, and leadership and respecting your nobility.

We have been loved and cared for, and supported by the North Carolina Dental Society and the *Great University of North Carolina*.

You taught us well. You taught us to serve, to search for the truth and to teach the truth.

You taught us to avoid mediocrity and in so doing we would be second to none.

The lesson has been understood and the voyage begun, to follow in the footsteps of your vision, leadership and example.

We are younger than you, and respect your wisdom.

Although we have tested our wings, *and they are strong*, we have not soared beyond the mountain top.

We need you now more than ever before for although the house has been built, we can't keep up the mortgage.

On behalf of Dean White, the faculty, and the staff of the School of Dentistry, we thank you for this expression of *love, support, and recognition*.

\* Director of Public Relations and Development, U.N.C., School of Dentistry.

*Address given at the Carolina Section,  
American College of Dentists' luncheon,  
Pinehurst, N. C., May 11, 1975*

## Measures of Success

Walter T. McFall, Jr., D.D.S.\*



Dr. McFall

It is a pleasure for me to accept the award to the University of North Carolina School of Dentistry presented by the American College of Dentists on the advent of the 25th Anniversary of the opening of the School. I bring you greetings on behalf of the Dean, the Faculty and the Students of the School. As many of you may be aware, on this same day, the graduation exercises are being held in Chapel Hill. This has prohibited Dean White from being with you at this gathering which he wanted so much to attend.

I hope you will think it not inappropriate that he has chosen me to represent the School on this occasion. Twenty-five years ago in this very hotel, my father had the great honor as President of the North Carolina Dental Society to introduce to the State of North Carolina the first dean of the School of Dentistry, Dr. John C. Brauer. In his remarks to the Society on that occasion, Dean Brauer pledged the following with regard to the purpose of the institution.

"I feel it is our obligation in the field of academics, in the teaching of our students and the guiding of our students, to do far more than to teach them to be technicians, far more than to teach them to be diagnosticians, but also to feel that sense of responsibility that they have to do something which they should leave behind them, more than money. In other words, I feel and you feel that when you and I pass out of this picture, we would like to have something left behind that we can say that dentistry is just a little better than it was when you and I began practice."

Today, in Chapel Hill the 22nd class of dentists will receive the degree of Doctor of Dental Surgery. With this graduation, the School of Dentistry will have provided almost 1100 dentists during its 25-year history. In addition, there have been some 425 dental hygienists trained at UNC, 176 Master of Science degrees awarded, and 38 B.S. degrees in Dental Auxiliary Teaching Education presented. More than half of the dentists actively in practice in the State of North Carolina are graduates of its School of Dentistry. This is indeed a noble accomplishment for which the North Caro-

lina Dental Society, the School and the people of North Carolina can be justifiably proud.

Reflect with me, if you will, to a time some 25 years ago when there were no graduates of the University of North Carolina School of Dentistry because there was no University of North Carolina School of Dentistry. Some of you in this room will remember that era when the sons and daughters of North Carolina were dependent upon other states and other institutions for their training, if they desired to enter the health profession of dentistry. An examination of the proceedings of the North Carolina Dental Society during the late 1940's testifies to the enthusiasm and efforts of that Society in the creation of a School of Dentistry. It would be impossible to list all of the names of all of the people that contributed to the realization of a School of Dentistry in this state. Even a partial listing, however, reads like a Who's Who of American Dentistry. Among the names of such a list would include Dr. Henry O. Leinberger, Dr. Paul Jones, Dr. A. C. Curren, Dr. Clyde Minges, Dr. Walter McFall, Dr. C. W. Saunders, Dr. C. L. Edwards, Dr. Sam Bobbit, Dr. Fred Hunt, Dr. R. N. Olive, and so many more that worked so hard to fulfill this dream.

Allow me, if I may, to refresh your memory of some of the major milestones that have occurred in that 25-year time span. The first class of 40 dental students was admitted in September of 1950. At that time there was no building to house these students and their pre-clinical sciences were accomplished in the confines of two-post-World War II quonset huts plus the facilities of the Basic Science Building of the School of Medicine.

During this same period, another singular event occurred through the activities of the dentists of this state, and in 1951, the Dental Foundation of North Carolina Incorporated became a vital force in the expansion of the School and of dental projects for the State of North Carolina. By 1952 the original School of Dentistry building was completed in time for the first admission of patients in the clinic. In 1953 a two-year curriculum for the education and training of dental hygienists was initiated and its first class was graduated in 1955. In 1956, the University of North Carolina School of Dentistry was selected by the US Public Health Service

\* Professor of Periodontics, University of North Carolina,



as one of only five dental schools in the nation to initiate a residency program for the education and training of dental assistants. This program has been revised several times since that date but continues to fulfill its important duty of training dental students in the effective use of dental assistants and in supplying the state of North Carolina with highly trained assistants to cooperate in the treatment of dental diseases.

With the assistance of the Dental Foundation of North Carolina, the University, State Government, and the major financial assistance of the US Public Health Service, in 1967 construction was completed on the Dental Research Center. This Center, designated as one of the five regional dental institutes by the National Institutes of Health, has provided a major impetus to the research efforts in the control of dental diseases and the improvement of dental technology which the public and we, the profession, have enjoyed. In the late 1960's it became apparent that if the School's various educational programs would continue to satisfy the needs of North Carolina in the years to come, even larger facilities must be constructed. Accordingly, in 1967, the new Dental Education Building was planned, and again, with the help of the dentists of the North Carolina Dental Society and through the support of the Dental Foundation, the North Carolina General Assembly and the Department of Health, Education and Welfare, construction of the building that now is known as Brauer Hall commenced. This building, completed in 1969, now serves as the major classroom and laboratory building for the School as well as housing a number of its clinical areas.

In 1971 gifts from anonymous donors enabled the renovation of the main clinic. In July of 1966 one era ended and a new one began as James Wyatt Bawden assumed the administrative leadership of the School as the Dean. Under his able guidance, the research activities, the size of the faculty, and the number of students trained at Carolina increased. A culmination of his efforts was achieved in 1974 when a survey of educators ranked the UNC School of Dentistry as best in the nation. And now in 1975, another young, vigorous, dynamic individual has assumed the reins of leadership. In Dean Raymond White the School has found a new opportunity to improve its efforts on behalf of its students and the people of North Carolina and the world.

Surely all of us must take justifiable pride in the accomplishments that have seen in 25 years a small dental school develop into the prestigious institution it now has

become. As a graduate of that School in 1958, I felt that I have received the finest dental education in the world. As a member of the faculty, I feel that it has improved in many, many ways and is now in 1975 recognized by the world as the finest in dental education.

I do not think you review 25 years simply in terms of buildings, number of graduates, or research or technological accomplishments. I would prefer to think at the very humanistic level of the number of people who have been freed from pain, who have had their dental health restored, and who now lead happier and more productive lives because of the contributions rendered by the graduates of this institution. I hope you will agree that the School has fulfilled the prophecy of its dreamers and first dean.

The results achieved during the past 25 years have occurred because of the cooperative effort of the dental profession in North Carolina with the University of North Carolina and its School of Dentistry. It is proof that simple, good people with the noble high purpose of serving mankind can bring to fruition great ideas.

"Isn't it strange,  
That princes and kings,  
And clowns that caper in sawdust rings,  
And common folks like you and me,  
Are builders of eternity.

For each if given  
A bag of tools,  
A shapeless mass,  
And a book of rules,  
And each must make,  
Ere life is flown,  
A stumbling block or  
A stepping stone."

Surely it is our fervent wish that with the help of our God and the continued spirit of cooperation exemplified by the past 25 years, that we may all collectively continue to build "stepping stones" for the better dental health of all mankind in the future. May I again express the thanks of the School for this honor from the American College of Dentists and may I thank you on behalf of all the graduates of that institution for the contribution and support you have lent to the University of North Carolina School of Dentistry. •

## WHAT IS YOUR DIAGNOSIS?

E. Jefferson Burkes, Jr., D.D.S., M.S.\*

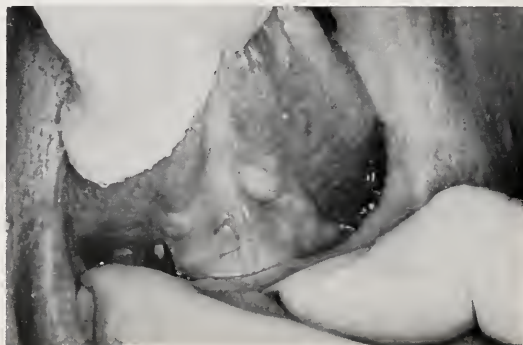
### History

This is a 28-year-old healthy male whose only significant oral finding was a non-painful 10 x 6 mm soft yellow nodule on the ventral surface of the tongue near the frenum. It was asymptomatic and had been present for an unknown period of time. He had no other such lesions on his body and knew of no one in his family with a similar condition. It did not interfere with swallowing or speech and could not be seen on radiograph.

### Differential Diagnosis

1. Benign lymphoepithelial cyst
2. Lipoma
3. Mucocele
4. Salivary gland tumor

(Answer  
page 54)



\* Director, Oral Pathology, U.N.C., School of Dentistry.

# Dental Care in Sweden

James W. Bawden, D.D.S., M.S., Ph.D.\*

Health care in Sweden has been a subject of considerable interest to American health planners, politicians, practicing health professionals, and other people concerned with the health of our population. This interest has developed because of the fact that Sweden ranks very high in many of the indices most commonly used to estimate the state of health in various populations. In addition, the health care delivery system in Sweden is generally regarded as socialistic in nature, an approach which has both its advocates and critics in this country. The Swedes have had in operation, for a number of years, a public dental care program for children, and they have recently extended that program and initiated national dental insurance for the adult population. This program is certain to receive scrutiny from various organizations and individuals in the United States, and conclusions will be drawn concerning the applicability of the concept to perceived problems in dental health and dental health care in the United States.

My family and I have recently returned from a one-year visit to Sweden at which time I was on academic leave to engage in basic research and clinical activities. During that time, from June of 1974 to June of 1975, we had a most enjoyable opportunity to get to know the Swedish people and their culture. While it was not the primary purpose of my visit, I did take some time to observe the health care system, particularly as it relates to dental care. I felt that these observations might be of some interest to dentists in this country.

Before beginning a discussion of the dental care situation in Sweden, it is important to make several points. First, these are the observations of a single individual and they cannot be entirely free of personal bias, although I have tried to be as objective as possible. Second, while a year is a considerable length of time, it would be naive for



Dr. James W. Bawden

one to believe that it is possible to gain a complete understanding of the Swedish culture and health care system in that period of time. It is, however, a more promising opportunity than a visit of several days or a couple of weeks to study the situation as has been the case with many politicians and other interested parties. And, third, these observations do not represent an exhaustive, systematic study of the Swedish system. Rather, they are impressions gained from conversations with public health officials, practicing dentists, dental educators and consumers. The experience also included observation of clinical activities in the various settings.

Since it can be very misleading to describe a health care system without relating it to the cultural setting in which it operates, it is best to begin with a brief description of Sweden and its people. A most important point is that Sweden is a small and extremely homogenous country. Its eight million people reside in an area slightly larger than the State of California. The area in which the vast majority of people live is not much bigger than North Carolina. The population is 95 percent Swedish, with only 5 percent representing the

total of the various immigrant groups. This means that the population derives almost entirely from the same cultural and religious background, has been educated in a standardized national education system, and they are situated in a setting of infinitely less economic and geographic diversity than is to be found in the United States. In addition, the same political party has been in power for the last 50 years. Thus, the situation is very compact and "neat." The spectrum of opinion exhibited by the Swedish population on a given issue is almost certain to be much more restricted than could be expected in our extremely diversified American population. The numbers of people involved, the ease of communication, and the overall relative simplicity of the situation are worlds apart from conditions in this country. Thus, one must be very careful in evaluation of programs in Sweden with respect to their potential applicability in our society. There are many important differences to consider.

After observing the situation for a year, I came to some definite conclusions about Sweden's health statistics and how they got that way. There is no doubt that their medical care system is quite good, and that the people have excellent access to it. However, I believe that the good statistical showing is more related to facts such as: (1) there is essentially no poverty in Sweden; (2) cigarette consumption per capita is less than one-half that found in the United States; (3) Swedes have a significantly lower caloric intake than Americans, and the incidence of overweight in the population is a fraction of ours; (4) a significant percentage of the population rides bicycles to work and wherever else they are going instead of using their automobiles; and (5) the people are very health and exercise oriented. With such cultural influences coming to bear, most any country's health statistics are apt to be favorable regardless of the quality of the health care delivery system. It

\* Professor of Pedodontics  
Former Dean, School of Dentistry



seems to me that the biggest gains in the health of our population are to be achieved through changes in our culture and society rather than alterations in the medical care delivery system. It must be stated, however, that the Swedes seem quite happy with their medical care program and I was not exposed to any suggestions that the system be altered in a major sense. Only that adjustments in its operations be made.

It is in this background of culture and a socialized medical care system that the dental care program has been developed. Since the late 1950's all children in Sweden between the ages of 5 and 16 have had access to free dental care provided through a public clinic system. About 3 years ago this program was expanded to include the ages 3-19. Prior to implementation of the new program, 80 percent of the adult care was provided through the private practice system with the complete fee paid directly by the patient to the dentist. The remaining 20 percent of the adult population received care through public clinics. With the expanded public program for children came a national dental insurance system for adults under which the government pays 50 percent of the dental fees on cases up to approximately \$250. If the case runs over that amount, and prior approval is secured, the government pays 75 percent of the case fee. Preventive services are also paid at the 75 percent level by the insurance. Dentists' fees are fixed, with some flexibility for variations in degree or difficulty in a given operation, and the government share is paid directly to the dentist. This program had been in operation approximately 18 months when we arrived and the immediate impact could be observed, but the long-term effects are still to be determined.

On the basis of my observations there are several things about the system which seem quite apparent at this time:

1. The public clinic system which provides care for children seems to be reaching virtually all of the child population. There are some compromises from the ideal such as the fact that recalls are on a once a year basis instead of each six months, and deciduous incisors are not restored but rather sliced or extracted depending on the size of the carious lesion. Thus, the level of care is not as good as the best we have to offer, but care is available to every child. Swedish children have a high incidence of dental caries, and providing dental care for the entire child population is indeed a formidable task which is being accomplished to the satisfaction of most of the Swedish people.

2. Incredibly, there is a law in Sweden which prohibits the addition of fluoride in public water supplies. The reasons for this situation are exceedingly complex and not clearly understandable to me in spite of a concerted effort to become well informed on the matter. Quite apart from the lack of water fluoridation, the Swedish population has an unusually high dental caries rate for reasons which no one has yet defined. The lack of fluoridation merely compounds this problem. Thus, there is a great deal of dental disease to be treated in the population and, even though the dentist-to-population ratio is approximately 1 to 1,000, it is an enormous task to treat everyone in a comprehensive way. Water fluoridation would certainly help the situation significantly and it is hoped that the existing law will be removed from the books in the foreseeable future. The major influence to do so will undoubtedly be an economic one as the cost reduction potential for the dental care program through water fluoridation becomes apparent to government economists.

3. The dental insurance program was discussed before its implementation and most Swedes, including those who had been seeking regular dental care, deferred all but the most necessary work until after the program was initiated. This means that there was a huge backlog of treatment to be accomplished in the patients who had been regular patients. That condition, plus the attempted influx of new patients to get any appointment at all with a dentist have completely overwhelmed the capacity of the system to deliver. The situation has created dissatisfaction among the patients who are unable to receive the care they seek.

The dental laboratories are having even more difficulty keeping up than the dentists. The fabrication of a single crown or a simple bridge takes an inordinant amount of time, thus compounding the problem of delivering the requested services.

It is impossible, under these circumstances, to estimate the true demand as a percentage of the total need since so many people seeking care are unable to get it. It is apparent that the demand factor is very high in the well-educated and health oriented Swedish society. No one knows if the "backlog" can be cleared up in a reasonable period of time and, if so, what the stable demand will be over the long haul. Certainly, the country has an extremely favorable dentist-to-population ratio and they will soon be graduating approximately 500 new dentists a year to help serve the population of eight million. Utilization of auxiliaries is not nearly as efficient or extensive as here in the United States. It remains to be seen whether there will be enough dentists, or if more extensive use of auxiliaries will be required, or if a combination of both is necessary. In the meantime, the government has urged the private practitioners to do only those things which are immediately necessary for their patients in order to try to get as many people into the system as possible. The extent to which the dentists have responded to this plea could not be determined when I left.

4. Every dentist with whom I talked expressed the opinion that all Swedes should have access to dental care at a price they can afford through some sort of a national dental insurance program. That opinion is based in cultural attitudes which prevail in the society. Their reactions to the present system range from enthusiastic to highly critical, with a fairly even distribution of opinions spread across the spectrum. They complained most about the big backlog of patients to be seen, delays in laboratory work, and the paper work involved. Some of the practitioners seem to be handling the paper work without much trouble while

others complained bitterly. It seemed to me that the forms and their processing were rather uncomplicated and prompt by our standards. At least they are the same for everyone.

5. I had anticipated that the fixed fee schedule would be a point of concern. Surprisingly, none of the dentists I visited seemed concerned about the fact that the fees were set with only a slight degree of flexibility to account for differences in a difficulty for individual procedures. The lack of concern seemed to be due to the fact that all of the people with whom I talked felt that the level of the fees was quite adequate and, in fact, higher than some of them were charging before the system went into effect. Every practitioner I talked to said that he was making at least as much money under this system as he had in the past and most of them were clearly doing better.

The concern about the fixed fee schedule was the fear that the fees will not be adjusted in the future to keep pace with inflation. Some of the practitioners expressed a high degree of confidence that the fees will keep pace, while others are convinced that failure to adjust fees will eventually drive them out of private practice. Only time will tell which of these opinions is correct.

One interesting side effect of the dental insurance program was expressed by a number of the practitioners. They noted that, since the government was paying part of every fee they collected, reports on income from their practices for tax purposes had to be completely accurate since the internal revenue agency could determine the amount quite easily from government records, and in fact had done so. This eliminates any possibility for "adjustments" in reporting of income that some of them admitted making before the dental insurance program went into effect.

6. I talked to quite a number of consumers about their reactions. Most everyone liked the idea since they anticipated receiving essentially the same dental services they had been getting in the past, but at a lesser direct cost to themselves. This response is to be expected since the Swedish population is used to receiving most other health services through some sort of a government financed and operated plan. The major complaint was an inability to get an appointment to see a dentist or to be recalled on their usual schedule. The Swedes are very self disciplined and patient people, and they will observe the plan and study its effects for some period of time before opinion pro or con begins to become a serious public issue.

7. It seems that adequate government financing for the program is available. Swedish taxes are extremely high but the bureaucracy appears to be much more efficient than ours as it should be in that small and homogenous country, and the system is apparently free of graft. It seemed to me that the Swedes get a rather good return on their taxes through efficient utilization of funds and they have a reasonable choice as to whether they wish to pay for things directly or indirectly through taxes. Of course, there is the full range of opinion in the Swedish population about such things, but the majority seems to prefer the socialized approach to medical care and, at least to this point, to dental care.

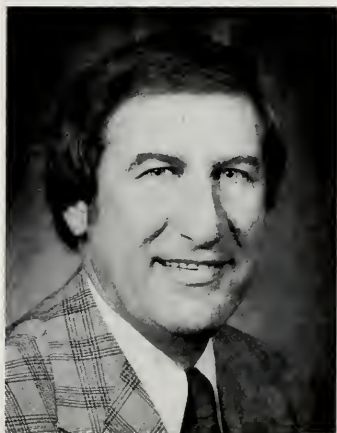
The quality of clinical dentistry in Sweden seems to be rather good. The dental education system is highly traditional in its concept and not very amenable to change. Students come directly from high school into a 5 year curriculum. Dental education is based heavily





# first district news

James B. Maccomson, D.D.S., M.S., Editor



Dr. Richard Belton

Dr. Richard P. Belton of Gastonia, N. C., is presently serving as president of the First District Dental Society. Dr. Belton is married to the former Helen Loraine Averette of Elizabethtown, N. C., and has a son and two daughters. After serving in the dental corps of the U. S. Navy from 1952-55, Dr. Belton attended the University of N. C. and graduated in 1959 with an A.B. degree in Chemistry. He returned to the University's School of Dentistry in 1961 and received his D.D.S. degree in 1965. Dr. Belton began his private practice of dentistry in Gastonia in 1966, after serving one year as a public health dentist in Greensboro, N. C.

Active in both civic and church organizations, Dr. Belton is presently on the Board of Deacons of First Presbyterian Church of Gastonia. He has been a member of the Noon Optimist Club

for seven years and is presently their Vice President. Dr. Belton is also president of the Gaston County Chapter of the American Cancer Society and is Commissioner in the Division of Health Services of the N. C. Department of Human Resources.

In addition to the First District presidency, Dr. Belton's memberships and offices in professional organizations are many. He is a member of the American Dental Association, American Society of Dentistry for Children and Academy of General Dentistry.

He is also a member of the House of Delegates of the North Carolina Dental Society and is currently serving as president of the Catawba Study Club. A past president of the Gaston County Dental Society, he is continually an integral part of the progressive local organization. The First District is very fortunate to have such an energetic person as Dr. Belton as its president.

## DENTAL CARE IN SWEDEN—BAWDEN (Continued from page 20)

in the sciences and clinical procedures are taught with a greater reference to research documentation than is the case in this country. It seemed to me that the students do not have as much clinical experience as our students do upon graduation. Since the rewards system in academics is based entirely in the quality and quantity of research productivity on the part of the faculty member, the Swedish dental schools do a great deal of fine investigative work while the teaching program receives much less emphasis than is found in the typical school in the United States.

The Swedes are attempting to solve their maldistribution problem in a rather direct fashion. They do not tell a dentist where he must practice but, in some cases, they tell him where he cannot practice. One must obtain per-

mission from the community government to establish a new practice in a given town. Certain communities have determined that they have significantly more dentists than most other communities, and are not allowing any new practices to be established. The only way an individual can go in private practice in such a community is to take over an existing practice which is vacant due to retirement, death, or other reasons. By closing the most dentally populated communities to new practices it is anticipated that those seeking to establish practice will be forced into areas where they are most needed. That approach, which was accepted in the Swedish society, would undoubtedly be unacceptable in our culture at this time.

One comes away from a visit to an-

other country such as we experienced with many observations and impressions. For instance, there were some particularly innovative approaches to preventive dentistry being explored, one of them in a major Swedish corporation. But, time and space do not allow discussion of all of these items and I have confined my remarks to general comments about the new Swedish dental care program. The impact of this program should be watched very closely. However, one cannot overemphasize the care which must be exercised in extrapolating situations in Sweden with respect to their potential solution of our dental health problems in the United States. It will take careful thought and perceptive analysis to decide where such applications are appropriate and where they are not. •



# second district news

James A. Harrell, Jr., D.D.S., Editor

The Second District Dental Society Executive Committee behind the leadership of Dr. Ken Owen has added an innovation which will hopefully benefit all of us in the future and make the Second District stronger and more cohesive. Each local society in the district now has a liaison representative on the district executive committee which meets regularly throughout the year. It was Ken's idea that this would keep everyone better informed on national and regional issues of interest and increase their awareness of what is going on in the district. On the other hand, he felt that in order to be effective the executive committee needed the input of the local societies in formulating policy. So far the idea seems to have been greeted enthusiastically.

Two facts make the idea more plausible. The second district is unique in that the entire area is covered by local societies and their associated areas which means everyone is covered. Also the Second District is the lowest level of organized dentistry ADA affiliated, and makes the dissemination and gathering of information of vital future importance as federal programs loom ahead.

Each liaison representative will be a member of a new committee, the district council for Federal Dental Services, as well as the membership and orientation committee and the necrology committee.

The liaison representatives are as follows: Sandy Shelton—Davidson Co., Jim Harrell, Jr.—Blue Ridge, Bob Boyles—Forsyth, Ronald Steelman—Rowan, Phil Tesh—Cabarrus, Guy Haddix—Iredell and Bill Bean—Charlotte.

Formally stated the purposes of the liaison representatives are: (1) To keep up with local news, necrology and new member visitation on a more timely basis; (2) To develop interest and participation in the Second District Dental Society and to revitalize its unity; (3) To develop liaison and feedback from the district to the local level and visa versa concerning issues facing dentistry today; and, (4) To develop contact for dissemination of information to the local levels from the district on organized dentistry; and (5) To develop experience for committee and officer selection.

This certainly has good possibilities for all of us in the district and perhaps in other districts.

The Tar Heel Dental Seminar next fall will be September 17, 18, and 19 and promises to be great. Two super clinicians have been obtained. Dr. William Updegrave will update radiology in lecture and a participating clinic on Friday, Saturday and Sunday will feature a 16 to 18 hour course by Dr. Alvin Filiaster on restorative dentistry.

The Blue Ridge Dental Society will sponsor its annual seminar at Roaring Gap on May 28th. The clinician will be Dr. Jim Kennedy of the Medical College of Virginia. His topic is "Periodontics for the General Practitioner." He emphasizes periodontal considerations in restorative and prosthetic procedures and surgical procedures. This promises to be an outstanding presentation, so plan to attend.

Dr. E. H. Reich practiced dentistry in Winston-Salem for 36 years. When he retired he moved to Arcadia in Davidson County, where he and his wife were from originally. There Dr. Reich continued the community service which people had come to expect of him. He was president of the Arcadia Lion's Club when he died in 1971.

Recently Mrs. Reich paid tribute to her husband by donating \$300,000 for a nursing education building at Davidson County Community College. This donation will help greatly in building of the nurse education building but, as important, it will boost the entire program by freeing funds for use in other areas.

In making the gift Mrs. Reich was just adding to the money that she and Dr. Reich have given over the years toward helping dental and other fields of medical education. Through the years many students have been able to pursue careers in dentistry and other medical fields because of the quiet financial help of the Reichs. One of Dr. Reich's chief concerns was that capable students with a lack of funds not be denied a career in the health sciences.

In making the gift Mrs. Reich has helped insure that nursing education will be readily available in the Davidson County area.

Congratulations to Bob Wilkinson of Winston-Salem for being inducted as a fellow of the American College of Dentists at the 55th Convocation Ceremonies this fall.



# third district news



President Julian Rogers

Kenneth R. Diehl, D.M.D., Editor

Julian's interest in national and state issues affecting dentistry has resulted in the First Annual Midwinter Meeting in the Third District for the purpose of communicating these issues to the dental profession. The Third District is fortunate to have such an able leader serving as President.

## HEALTH SYSTEMS AGENCIES PUBLIC LAW 93-641

The National Health Planning and Resources Development Act of 1974 is a federal law aimed at controlling the rising cost of health care and improving the availability and quality of care. Area agencies (Health Systems Agencies) will determine health care needs within the areas and make recommendations for all federal appropriations for health care services.

According to this act each state will be divided into several health service areas which are combinations of the old Comprehensive Health Planning Agencies and the Regional Medical Program. North Carolina has been divided into six areas and a convener board was appointed in each area. The conveners were responsible for setting up a Board of Directors for the Health Systems Agency (HSA) in their area. Each area was given until December 1, 1975 to have the Board of Directors appointed and initial organization structure approved by state and HEW officials. By April 1, 1976, the HSA's are to be in working order and ready to proceed with official functions. A State Council will also be appointed and will consist of 60 percent representation from the six area boards and 40 percent public at large appointees by the Governor.

The boundaries for the six HSA areas do not coincide with the boundaries for the five district dental societies in North Carolina. The Third District is most affected by these boundary differences in that parts of four HSA

areas (II, III, IV, V) are included within the district boundaries. The northwestern portion of the Third District is in Area II, Stanley County—Area III, northeastern portion of District—Area IV, southern portion of District—Area V.

The Board of Directors in each of these areas includes a dentist although only one of these dentists is from the Third District. Dr. Julian Rogers, Greensboro, is on the HSA board in Area II; Dr. Robert Long, Statesville—Area III; Dr. Norman Grantham, Smithfield—Area IV; and Dr. Mitchell Wallace, Spring Lake—Area V.

Maps of North Carolina outlining the six areas are available as are copies of Public Law 93-641. Write to:

Comprehensive Health Planning Section, North Carolina Department of Human Resources, Raleigh, North Carolina 27611.

The impact of this act on future health care is not yet clear, but the possibilities deserve our serious consideration.

## CONTINUING EDUCATION

Please keep a record of all continuation education and submit the list to any of the officers in the Third District. Last year the Fifth District Dental Society extended a challenge to the other districts to compete for a trophy awarded for Outstanding Achievement in Continuing Education.

The District with the greatest percentage of members who have obtained 50 hours or more during the first year will be the winner. The minimum would be increased by five hours each year until 75 hours per year is reached. The year will run from August of one year until August of the following year.

Please include in your list the nature of continuing education attended, location, date, number of hours, and lecturer(s).

The Third District is pleased to have Dr. Julian R. Rogers as its president for 1976. Julian has practiced general dentistry in Greensboro since his graduation from the University of North Carolina Dental School in 1959.

A native of Wilmington, N.C., he married the former Elizabeth Clark of Hendersonville, N.C. in 1954. Of their five children only two remain at home while two are attending college and one is married. Julian has also found time for numerous civic activities including General Chairman of the Greater Greensboro Open Golf Tournament one year. That same year he was the recipient of the Jaycee Roy Carey Award.

Julian has always been active in various dental societies and is a member of the Academy of General Dentistry. Other professional responsibilities include the dental staff of the Wesley Long Hospital in Greensboro and the Advisory Staff of Greensboro Headstart. He was recently honored by being elected to serve on the North Carolina Health Systems Agency Board of Directors in Area II.





# fourth district news



Dr. "Brick" Grantham, President

Dr. N. B. (Brick) Grantham was born and grew up in Smithfield, North Carolina. He married a hometown girl and returned to Smithfield for the private practice of dentistry in 1964.

Brick graduated from the University of North Carolina School of Dentistry in 1959 and spent five years with the United States Air Force serving in Alabama and France.



Dr. John Sterling Diggs Nelson, President-Elect

## Dr. Cleon Sanders Honored

The people of Benson, North Carolina gathered on December 5, 1975 to honor Dr. Cleon Walton Sanders at the time of his retirement from the active practice of dentistry.

It is significant that this event was sponsored by the citizens of Benson in appreciation for the years of service that Dr. Sanders gave to the community. Most of the people around Benson refer to him as Dr. Sandy, others affectionally refer to him as Sandy.

Local civic leaders and local public officials gave interesting and complimentary speeches about Dr. Sanders and his role in professional and community activities.

Dr. Larry Williams, gave a resume' of Dr. Sanders professional life from his early training at Four Oaks public school until the present time. Dr. Sanders first established his practice with Dr. W. T. Martin when he went to Benson to practice. He has played a leadership role in the North Carolina

Dental Society for many years and held many offices in local societies and the state dental society, the culmination of which was President of the North Carolina Dental Society in 1948. He was a leader in the formation of the School of Dentistry at the University of North Carolina and has been supportive of it during its twenty-five year growth period.

Dr. Sanders was active in the creation of the Dental Foundation of North Carolina, served on its Board of Directors, and finally as President of the Dental Foundation of North Carolina, Inc.

It is apparent to all that Cleon Sanders has made an immeasurable contribution to the citizens of his community within and outside the profession of dentistry. These contributions have gone beyond the borders of the community benefiting the North Carolina Dental Society, Dental Education in North Carolina and the citizens of this state.



L to R, Mrs. Remah Sanders, Mrs. Golda Mae Wood, Dr. Sanders, and Mrs. Edna Coats. Mrs. Coats of Tampa, Florida, was his first dental assistant and Mrs. Wood has been his dental assistant for 32 years.



# fifth district news

Willard Hinnant, D.D.S., Editor

## SEMINAR DAY ADDED

After discussing and planning for many years, the district leadership initiated a one day seminar meeting three years ago. The Fifth District covers a vast area and because of the few urban centers the only city with the facilities to host the three day annual meeting is Wilmington, located in the southeastern part of the district. It was believed that a one day meeting held in the northeast would provide easier access for the dentist living in this area to obtain post-graduate education. This has been accomplished with Bhaskar and Shira being our first and second year speakers. This year Dr. Edwin Smith was great in presenting a stimulating program on removable prosthodontics.

It was also hoped that the meeting would provide detailed information on current dental issues to the district members. This too, has been accomplished with the lunch and learn session. Patterned after our Open Forum

Breakfast held at the annual meeting, dental leaders from throughout the state and nation provide indepth answers to any questions members may have.

Having only one meeting a year had always posed a problem of communication between the membership and the district officers. Seminar Day with its short business session has done much to eliminate this problem.

Seminary Day has been a great success for the district. Not only has it provided post-graduate education, and a medium for exchange of ideas, but also, provided a cohesiveness between the district members that is found nowhere else in the state.

### Study Club Committee

The Study Club committee headed by Dr. Wade Ward and Dr. Tack Mullen held a meeting in Williamston, on Thursday night, February 12. The purpose of the meeting was to bring

members interested in forming study clubs together and provide assistance in the formation of new clubs.

### Onslow County Seminary

The Onslow County Dental Society held a two day Dental Seminar in Jacksonville on Friday and Saturday, February 6 and 7. An invitation was extended to district members, and Dr. James Little from the University of Kentucky presented a program on oral medicine and oral diagnosis.

### Autumn Meeting

The Fifth District Dental Society will hold its fall meeting again at the Wilmington Hilton in September. Dr. Ken Olsen, a noted psychologist from Phoenix, Arizona, will present a program on Human Communications and Maturations. It shapes up as another great annual meeting. More information will follow in the next issue of our Journal.

## HOLD AN ASSISTANT\*

Mrs. Geraldine A. Earhart, Manheim, Pa.

Dear Sirs:

In response to your article "How to Hold a Dental Assistant Without a Rope," (Sept., page 41), I must come to the aid of the doctor.

I was hired last year at the age of 39. What an age to start a career! From the first day of my job 'til now and all the tomorrows—the sun always shines in our office.

While I was learning, the doctor had praise for me and still does when I deserve it. The times that were rough for me, he patiently explained things

'til I understood. He knows "patience is a virtue."

So many times I'll hear the patients thanking him for all his time and concern shown toward them. I can't begin to tell you how many times a day he says "thank you" to me or tells the patients how nice and cooperative they were.

If any of the staff has a problem to be discussed with the doctor, he listens—yes, we are heard and treated as human beings — sometimes that chat is during our lunch hour but then it's the doctor's lunch hour too.

He often said to me my suggestions are welcome, not only for chairside use, but for the office in general. I might add, he has used some of them. We are also invited to seminars when the doctor feels we will benefit from them. This way we are constantly learning and keeping up with the latest news.

I think it would be nice if each assistant would stop and think for a moment. Am I doing anything to "bug" the doctor? Am I understanding toward him? Have I ever said "thank you" to him? Have I taken time out to realize he is first a human being, and second a wonderful dentist.

\* From *Dental Management*, Sept. 1975.

# North Carolina Dental Assistants Association



## TWENTY-SIXTH ANNUAL SESSION

Sheraton Motor Inn, Southern Pines

### THE SPIRIT OF ACHIEVEMENT IN '76

"The Spirit of Achievement in '76," is the program theme selected for our Twenty-Sixth Annual Session.

At the May Meeting I will end my term of office as President. As I reflect on my year I can't say that anything earth shattering has happened. One of my goals, as I expressed, this year was to have the dental assistant recognized for the professionals that we are. I was fortunate to be invited to speak to the dentists at all five District Meetings and I made such an "impact" that it wasn't even mentioned in the District Reports in the last issue of the Journal. As we strive for liaison between the dental professions I realize that we're falling short of projected goals and objectives.

Many comments have been expressed on the component level from my article in the Winter Issue of the Journal.

Many certified dental assistants have been concerned with the comments and have felt in the minority in many of the meetings concerning membership and registration. As a point of information membership in the ADAA is not solely the ethical requirement to be certified. There are more certified dental assistants in North Carolina than there are members in the state association.

From the comments and expressions of interest on registration or licensure that I have received the main interest seems to be registration. Through this method the educational level would be established. Certification would also be recognized as an education level.

I have been approached on two separate occasions this year for the list of dental assistants in North Carolina. Each time the individual that needed the information was amazed that there was not a list of dental assistants as a dental related group.

\* President, North Carolina Dental Assistants Association.

There should be a mechanism of registration established so that at least we know who are classified as dental assistants in North Carolina, whether they're a DA I or II or OFT. There are classified duties that a DA I or DA II can perform. How does one know if that individual is legally performing the duties assigned according to the classifications?

Being a product of the Dental Assisting Program at UNC under Dr. John C. Brauer and Dr. Roger E. Barton, being a professional in this profession has been instilled in me from day one of my career. Dr. Brauer made this dedication in the textbook *The Dental Assistant*—"To The Dental Assistant whose service is dedicated to the health and welfare of people everywhere, and whose service to the profession lends dignity and value to the practice of dentistry." This was the ideal on which I was educated.

The comments that I have received concerning collective bargaining have been varied. Some see a need—others want no part of it. Many feel that the ADAA is supporting this issue but the ADAA is a neutral ground which presents pros and cons. I would invite you to read the editorial in the October, 1975, issue of the ADAA Journal for clarification.

Thank you for the opportunity to communicate with you through your Journal. I continue to wish you the best in your profession of providing dental health care to the public. I hope individually if not collectively that each of you examine your ideals, goals, and objectives of being a provider to the public and being satisfied in your own mind of meeting that challenge. There is an inherent tendency within each human being to raise his standard. The dental assistant has done this, and today this individual is a valued help in the dental office.

Each of us has a different road to follow in our particular roles, but at the end of the road, we come together with a common goal.



Barbara Tolbert\*

### PROGRAM

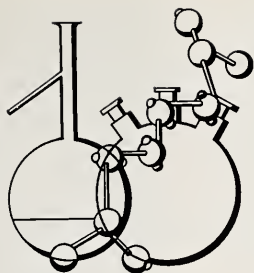
7:00-9:00 p.m.	<b>Friday, May 7</b> Registration
8:00-10:00 a.m.	<b>Saturday, May 8</b> Registration
8:00 a.m.	Executive Meeting
10:00-1:00	Ms. Mimi Rouzie, M.A. Ms. Marion Sussman, Ph.D. "The Assertive Woman: A Person in Touch with Herself"
1:00 p.m.	Lunch on own
2:00-5:00 p.m.	Continuation of Program
5:00 p.m.	Auditing Committee Meeting
5:00 p.m.	Nominating Committee Meeting
5:00 p.m.	District Committee Meeting
6:00 p.m.	Board of Directors Meeting
9:00 p.m.	Poolside Chat
1:00-5:00 p.m.	<b>Sunday, May 9</b> Registration
2:30-3:30 p.m.	First Session of General Assembly
4:00-6:00 p.m.	*General Session
7:00-8:30 p.m.	Past President's Reception
9:00-1:00	N.C.D.H.A. Dance
8:30-2:00	<b>Monday, May 10</b> Registration
9:00 a.m.	Second Session of General Assembly
12:00 p.m.	Balloting
12:30 p.m.	District Caucus
2:00-5:00 p.m.	Joint Educational Session with N.C.D.H.A.—Dr. George Johnson "A Positive Approach to Treating Handicapped People A Team Responsibility"
9:00-1:00	N.C.D.H.A. Dance
9:00-10:30 a.m.	<b>Tuesday, May 11</b> Registration
9:30-10:30 a.m.	Hash Session
10:30-11:30 a.m.	Table Clinics
12:15-1:45 p.m.	Student Luncheon
2:00	Third Session of General Assembly
	Installation of Officers
	Post Convention Board of Directors Meeting

\* Keynote Speaker: Mr. Eddie Speas, Special Deputy, N. C. Dept. of Justice "Collective Bargaining Laws in N. C."

All Professional (Dental-related) Associations in North Carolina are invited to attend all educational, business, and social functions of the North Carolina Dental Assistants Association.

The dances sponsored by the North Carolina Dental Hygienist Association and the North Carolina Dental Assistants Association are being held at the Country Club of North Carolina. Admission to the dances will be by TICKET and NAME BADGE ONLY. This is a change from the past in order to keep people out that are not invited.





# inside dental research

## PUTTING THE "BIO" BACK INTO BIOCHEMICAL STUDIES OF CRANIOFACIAL TISSUES

Jacob S. Hanker, Ph.D.\*

Most biochemical studies are performed on disrupted or homogenized cells and tissues or on substances isolated from them. Information obtained on cell fractions or on purified biomacromolecules can be counterproductive if not properly interpreted. This is due to the fact that cell disruption, and the isolation and purification of the macromolecules, are processes not amenable with the living state. Biochemical methods frequently result in the translocation of enzymes, changes in the ion and biomacromolecular content of organelles, dilution of the cell sap with unnatural solution or its vesiculation with the entrapment of foreign media.

Another problem created by homogenization is related to the fact that membrane-bound enzymes in multienzyme complexes such as electron transport systems have vectorial (directional) properties in these complexes which are lost when the enzymes are isolated. Separation of enzymes frequently results in the description in the biochemical literature of the allotropic properties of free enzyme which may differ considerably from those of the bound enzyme in the cell.

An important consideration is that much of the vital activity occurs at the membranous surfaces of the cell and its organelles; these constitute only a small percentage of the cytoplasmic mass but are of prime importance, especially in the regulation of biological processes.

It is highly advantageous to the cell from a kinetic and energetic viewpoint

to sequester enzymatically catalyzed synthetic reactions in these relatively small volume membrane and organelle systems. Frequently they consist of the functional and structural assemblies of membrane-bound enzymes which can pass metabolic products on to the next enzyme in a biosynthetic pathway. The binding or confinement of an enzyme facilitates the physical separation of the enzyme from its substrate and products for re-use. Membrane-bound anabolic systems (such as ribosomal systems) are particularly efficient; control such as cessation of the synthetic reaction may readily be achieved by a mere change in conformation of bound enzyme. In the cell, the insolubilization of some enzymes may be a reversible process and the soluble forms of an enzyme may frequently be transport forms, enabling them to reach a functional site where they may once again become insolubilized prior to the performance of their function. The concentrations of substrates for unbound enzymes, studied by the usual biochemical procedures, far exceeds that required by bound enzymes of cell organelles or of intracellular membrane channels.

Thus, current dogma in cell biology and biochemistry is a result, principally, of the study of monocells or of rather homogeneous tissues composed of large masses of relatively homogeneous cells such as liver, brain or muscle.

The results of the biochemical studies on these tissues are usually more valid for cells which constitute the prin-

cipal mass of these tissues, rather than for supporting cells. Thus data obtained from liver homogenates are more valid for hepatocytes than for Kupffer cells. When one considers the relatively heterogeneous tissues of the craniofacial region, it becomes obvious that the classical cell fractionation and biochemical methodologies may be even less satisfactory. Biochemical studies of the tissues of this region must be correlated with morphology. This may be done most conveniently by means of histochemical and cytochemical studies with methods which permit the direct visualization of the chemical reactivity of individual cells and their organelles.

Direct histochemical staining methods, in addition to autoradiographic and immunocytochemical studies on undisturbed tissues, offer what de Duve has called the most obvious and direct way of creating a map of enzyme cytology.

The importance of the catalytic osmiophilic polymer generation techniques that my laboratory at the Dental Research Center has had a hand in introducing into histochemistry and cytology is that very marked *amplification* of a transition metal catalyst at the sites of an enzyme is achieved through the oxidative polymerization of 3,3'-diaminobenzidine (DAB) to form a highly visible and osmiophilic polymer (Fig. 1).

This transition metal could be in the form of the catalytically active iron porphyrin group of a natural hemoprotein enzyme such as peroxidase, cata-

\* Professor of Oral Biology and Oral Surgery, Dental Research Center and School of Dentistry, University of North Carolina at Chapel Hill.

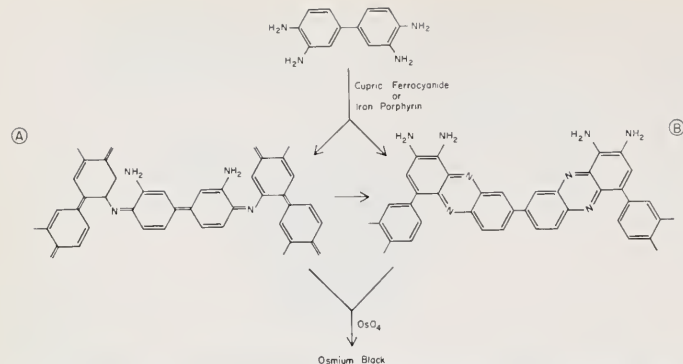


Figure 1. Hypothetical formulation of the oxidative (or peroxidative) polymerization of DAB catalyzed by cupric ferrocyanide or iron-porphyrin hemoproteins resulting in the formation of osmiophilic indamine (A) or phenazine (B) coupling products. Upon subsequent reaction with osmium tetroxide, a visible and electron-opaque osmium black results.

lase, or cytochrome oxidase. Alternatively, it could be in the form of cupric ferrocyanide deposited at the subcellular sites of an oxidoreductase or hydrolase by employing a histochemical reaction specifically designed to accomplish this. In either case, the amplification step enables the demonstration of enzyme in fixed tissues. The insoluble osmium black end products are highly electron opaque as well as visible because osmium is perhaps the densest element known. These end products are, therefore, excellent markers for the subcellular sites of enzymes.

We have chosen several examples to show how histochemical studies with methods developed in our laboratory have contributed to a broader understanding of the biology of tissues of the craniofacial region.

Acid phosphatase is an enzyme generally considered to be a marker for lysosomes of cells. Studies in our laboratory with Drs. Toverud, Hammarström, Bawden and Coleman, however, have indicated that the activity of this enzyme is very prominent in the Golgi apparatus of cells (such as osteoblasts, odontoblasts and ameloblasts) secreting extracellular matrix for hard tissue formation (Fig. 2).

Many cell-types of the tissues of the craniofacial region appear to be steroid-sensitive, especially to androgens and estrogens, during development and growth. This is suggested by sexual differences in times of palatal closure, incidence of cleft palate, and pre- and postnatal dental development in humans, as well as obvious differ-

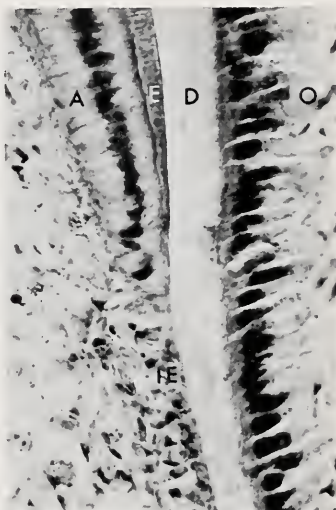


Figure 2. Growing end of upper first molar of 11-day-old rat, parasagittal section. Note intense stain due to acid phosphatase activity in Golgi apparatus of cells of tall secretory ameloblast layer (A) adjacent to forming enamel (E) and its reduced size or absence in cells of the inner enamel epithelium (I) of the root area prior to their differentiation into ameloblasts. The Golgi apparatus of cells of the odontoblast layer (O) is active even in the enamel-free area of the root because dentine is being formed there although enamel is absent.

ences in the development and growth of facial structures.

In order to elucidate the mechanism of action of androgens and estrogens, receptor cells of epithelia of varying steroid sensitivities (especially those showing squamous or glandular (columnar) responses) were studied. Mouse tissues were used, since many

non-genital tissues of this mammal were known to show exceptional steroid sensitivities. Dr. John W. Preece, a clinician in the Department of Oral Diagnosis, with expertise in electron microscopy and the ultrastructure of epithelial tissues, collaborated in these studies. The electron cytochemical correlates of morphologically different steroid-sensitive epithelial cells are shown in Figs. 3-5. This was the first ultrastructural cytochemical demonstration of this phenomenon.

Other histochemical studies in our laboratory, beginning with our method for the demonstration of acetylcholinesterase (Fig. 6) in cholinergic and cholinceptive nerve, have contributed to the understanding of peripheral sensory neuropathy. They have resulted in the discovery in our laboratory of this type of neuropathy in the mouse model for diabetes mellitus.

Similarly, studies in our laboratory of the distribution of catalase in salivary glands with Dr. J. W. Preece, Dr. D. K. Romanovitch and Dr. A. N. Rabin, have suggested that the greatest proportion of this enzyme is present in the more distal collecting ducts. In addition to catalase dispersed in the cytoplasmic matrices of many ductal cells, particulate catalase is observed in the form of microbodies and rods (Fig. 7). We have postulated that the high catalase content in the distal ducts (and saliva) could have a function related to H<sub>2</sub>O<sub>2</sub>-generating microorganisms since acatalasemic individuals have poor oral health and frequently become edentulous at a young age. It has been postulated by others that H<sub>2</sub>O<sub>2</sub>-generating bacteria (such as hemolytic streptococci) do not present a particular problem in the oral tissues of individuals containing normal amounts of catalase. In the very rare individuals lacking catalase, however, these microorganisms can accumulate in lesions in gingiva and oral mucosa producing pathological conditions. There they oxidize the hemoglobin in the blood reaching the lesions, thus depriving the infected areas of oxygen. This results in tissue necrosis, oral gangrene and eventual tooth loss (Takahara's disease).

#### Acknowledgment

This investigation was supported by NIH research grant number DE 02668 from the National Institute of Dental Research and by NIH grant number RR 05333 from the Division of Research Facilities and Resources.

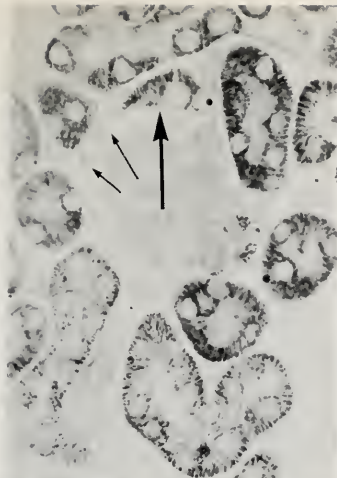


Figure 3. Semithin (2 micron) plastic section of kidney of 31-day-old male mouse. Intense cytochrome oxidase activity is observed in mitochondria of testosterone-sensitive cuboidal cells (large arrow) of the parietal epithelium of Bowman's capsule. Unstained nuclei are outlined by intensely-stained mitochondria. In female mice and most other species the capsular cells are squamous (small arrows) and their mitochondria are not seen because they lack cytochrome oxidase activity.

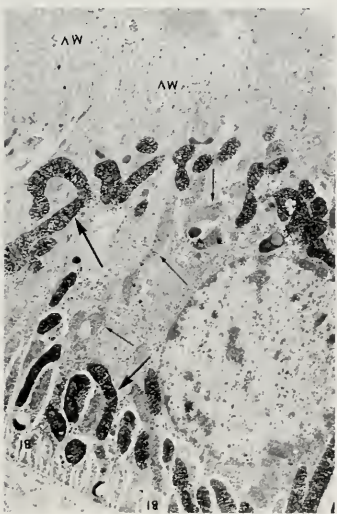


Figure 4. Electron micrograph of cuboidal capsular epithelial cell of male mouse kidney treated for cytochrome oxidase activity. This cell clearly shows a heterogeneity of mitochondria with respect to cytochrome oxidase activity within a single cell. The enzymatically active mitochondria (large arrows) are polarized to the regions of the cell where pumping is occurring, such as the basal infoldings (BI) and microvilli (MV). Inactive mitochondria (small arrows) are centrally located. Courtesy Dr. J. W. Preece.

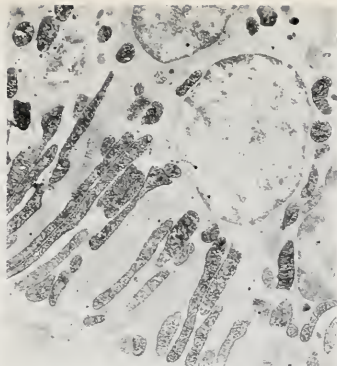


Figure 5. Note heterogeneity of staining due to cytochrome oxidase activity of mitochondria of striated duct cell of submandibular gland of female mouse. Courtesy Dr. J. W. Preece.



Figure 6. Acetylcholinesterase in rat tongue. Intense staining of the autonomic plexus innervating circumferentially oriented smooth muscle cells of an arteriole (A) is observed. Motor endplate (large arrow) is grossly overstained. Striated muscle fibers (SM) and most cells (small arrows) are only weakly stained.

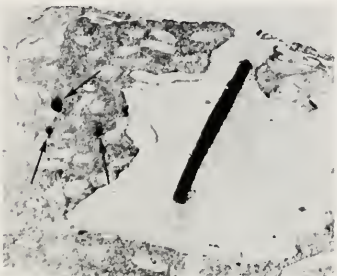


Figure 7. Electron micrograph of catalase positive rod and microbodies (arrows) in distal interlobular duct cells of glutaraldehyde-fixed C57 mouse submandibular gland cells. Courtesy Dr. D. K. Romanovics.

The author is indebted to Peggy E. Yates and Wallace W. Ambrose for technical assistance, Irene W. Schwartz for illustrations, and Jo P. Goulson for information services. •

## AUTUMN MEETINGS

### First District

September 24-26

### Second District

September 17-19

### Third District

October 1-3

### Fourth District

October 7-9

### Fifth District

September 10-12



# North Carolina Dental Auxiliary



President  
Mrs. Franklin D. (Jo) Pattishall



President-Elect  
Mrs. John F. (Margaret Ann) Povlich



Vice-President  
Mrs. Thomas (Delores) Rattton



Mrs. Martha Smith Clem  
Instructor, Total Woman Course

## WANT A NEW WIFE? LET MARABEL MORGAN GET ONE FOR YOU

Lib Uzzell Griffin

lems, but it is an enthusiastic sharing of "how-to" tips and pointers to be applied to make marriage more fun. After looking down in the mouth all day, the auxiliary feels a dentist deserves to come home to a warm fun-filled home.

On Monday, May 10, a course in the "Total Woman" will be offered to the members of the auxiliary. The Total Woman course began three years ago in Miami, Florida by Marabel (Mrs. Charles) Morgan. It grew out of a personal search for solutions to her own marital problems. They brought her such overwhelming success in her own marriage, she decided to share them with other women.

This course is now being taught in more than 20 states by more than 100 authorized instructors. (Graduates include singer Anita Bryant, Mrs. Joe Frazier, Mrs. Alvin Dark and wives of football players from the Dallas Cowboys, Washington Redskins, Minnesota Vikings, Green Bay Packers and the Miami Dolphins.) Marabel Morgan doesn't take credit for all the pro team wins, but finds it very interesting that after the Miami Dolphins wives took her course, the team won every game

that next season and became the first undefeated team in the history of professional football, including playoff games and the Super Bowl. The team repeated as World Champions by winning the title the next year! Their wives must have learned their lessons well as they sought to put their husbands first and bring out the very best in them.

The course will be taught by Martha Smith Clem of Atlanta, Georgia. She is a beautiful walking example of Marabel Morgan's concept of the Total Woman. Martha is married to Robert H. Clem, District Sales Manager of the Bunker Ramo Corporation. He was a former baseball player for the Baltimore Orioles.

She believes the most important question to be considered before a woman becomes a Total Woman is, "Are you fun to live with?" As dental wives, we know what fun dentists are to be with. This gives us an opportunity to learn to return the privilege.

The Tuesday, May 11 Luncheon Speaker will be Marabel Morgan, herself, founder of the Total Woman Course and author of the best seller by the same name. *Total Woman* was the best selling hard cover book of 1974.

The North Carolina Dental Auxiliary officers are proud to present their program for their 1976 meeting. In this bicentennial year, their theme is based on an oft-forgotten 1776 premise—that in a marriage, the man is the head of the household and the wife is right behind him, loving him and meeting his needs. How's that for getting back to basics?

Realizing now this old-fashioned premise has been forgotten by many, unknown to some, the Auxiliary is offering a marriage enrichment course to jog the memory. It is not a study of the all-too-well-known marital prob-

Marabel Morgan has been featured in national magazines and newspapers as well as on major television and radio programs.

Marabel Morgan, who is the wife of an attorney and the mother of two girls, has devised a daily program to help revive romance, re-establish communication, break down barriers, and put *sizzle* back into marriage. She believes it is up to the wife. She has the power. She believes marriage doesn't have to be just an endurance contest. It can be fun. It can be a challenge.

The dental wives, members of the North Carolina Dental Auxiliary, have accepted the challenge by offering the Total Woman Course at their May meeting. Why not be a love and see to it your wife is a member of the auxiliary and signs up for the Total Woman course, too. She is waiting to be your friend and lover. Let's face it, the world needs all the friends and lovers it can get. You will be glad she attended.



The North Carolina Dental Auxiliary Seal  
(1) Necklace (2) Charm

The North Carolina Dental Auxiliary Seal that was designed by one of its members, Mrs. Kimball Griffin, has been used through the years mainly on stationery. With the renewed interest in pendants and charms to represent events, clubs affiliations, travels, or pure nostalgia, the seal is being made in two sizes—the larger size for a necklace and the smaller as a charm for a bracelet. They are being made up by Balfour and Company in both gold and silver plate. They will be ready for sale at the May meeting in Pinehurst. They will be priced under ten dollars.

May 9-12, 1976  
Pinehurst Hotel  
Pinehurst, North Carolina

## Dentistry: Past, Present, and Future

### HUMANISTICS, PSYCHOLOGY AND PROFESSIONAL MANAGEMENT

Mr. Ham is a staff member of the Panky Institute of Advanced Dental Education, an adjunct professor, University Without Walls, Loretto Heights College, Denver, Colorado and instructor, University of Colorado, Department of Continuing Education.

Mr. Ham has a rich and varied background of consulting, lecturing, and training. He has been involved personally in consulting and training of managers, executives, and professional people. He has many years experience as a line manager, training director and consultant for Mountain Bell Telephone, and a well-rounded knowledge of humanistics psychology. These two factors uniquely qualify him to make meaningful contributions to the management of professional practices.

The contents of Mr. Ham's presentations are as follows:

1. SELF-IMAGE  
Accuracy and Positiveness
2. BARRIERS TO MANAGING  
CHANGE  
Identification and Examination of Group Dynamics
3. LEADERSHIP OR DRIVERSHIP  
Practice Assessment Exercise
4. WHOM MOTIVATES WHOM?
5. DOCTORS ONLY  
Considerations for a Wage Program  
Benefits and Office Policy Considerations
6. HUMANISTIC PSYCHOLOGY  
Applied to Today's and Tomorrow's Dentistry
7. MANAGING THE INEVITABLE  
Techniques of Conflict Resolutions
8. YOUR GAME PLAN FOR PRACTICING IMPROVEMENT

### PREPARING THE PEDODONTIC PATIENT FOR PREVENTATIVE PROCEDURES

Dr. Lawrence graduated from the University of Missouri, School of Dentistry in 1940 and interned at the Forsyth Dental Infirmary for Children. He is a veteran of the United States Navy.

Dr. Lawrence is an associate professor of Clinical Pedodontics at Northwestern University School of Dentistry and a special lecturer in Pedodontics at the University of Missouri School of Dentistry. He conducts a private practice in Kansas City, Missouri.

Dr. Lawrence is a member of many organizations among which are Omicron Kappa Upsilon and the American College of Dentists.

He holds a number of appointments and consultancies and has appeared on many programs on Pedodontics.

The presentation will consider the problems presented by patients who have never been exposed to optimum dentistry.

The importance of excellent radiographs will be stressed, and the responsibility of the doctor in regard to diagnosis, consultation and treatment planning for complete care of the young patient.

Operative procedures for successful cavity preparation and technic for silver alloy restorations will be illustrated completely.

In cases where removal of primary teeth is necessary because of pathology, space maintenance restoration of occlusion becomes a problem. This subject will be illustrated by use of both fixed and removable methods.

Fractured anterior teeth are very often a difficult and at times prove to be an unhappy situation for the doctor, patient and the parent. The course of various types of treatment from the emergency situation to the various restorative procedures will be illustrated with complete technic explanation.

The treatment of patients with abnormal dentition in relationship to congenitally missing teeth and disfigured tooth structure will be covered thoroughly.

Pulp therapy for preservation of teeth in the young patient with developing dentition will be an important part of this presentation.

*First Presentation.* The importance of excellent radiographs for treatment of young patients will be stressed. The value of complete dentistry for the patient from the standpoint of early detection of abnormalities, treatment of caries, consultations and their use in patient-parent education will be explained.

Restorative dentistry procedures will include cavity preparation, selection and adaptation of the proper matrix, of silver alloy technic, preparation and impression procedures for fixed space maintainers.

*Second Presentation.* The importance of thorough space maintenance procedures will be stressed with illustrations and recommendations for both the fixed and removable types.

The problem of fractured anterior teeth will be covered from the emergency treatment through the various types of restorations that are indicated. The technics for preparation and construction of the restorations will be illustrated.

*Third Presentation.* This presentation will deal with the patient who has either congenital or acquired abnormalities of the dental structures. The different types of cases and the indicated method of treatment will be presented in detail.

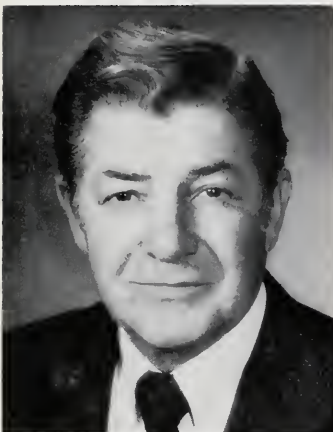
The technics for the use of adhesive dental materials will be presented for patients with disfigured, discolored and malformed tooth structure that so seriously affect their appearance.

Pulp therapy and the indications for various procedures will be outlined with special emphasis on a technic for successful pulpotomy treatment.





Jon Couch, D.D.S.  
Annual Sessions Chairman



Kenneth E. Lawrence, D.D.S.  
Clinician



O. A. (Bud) Ham  
Clinician



Richard Fields, D.D.S.  
Program Chairman

## About the President

Harold Maxwell was born in Falcon, North Carolina (Cumberland County) into a family of educators. His great-grandfather was one of the founders of Salemburg Academy, his grandmother was an outstanding teacher, and both his mother and father taught school. His sister, Mrs. W. H. Randall, recently retired after a long career of teaching and her daughter now teaches in Cumberland County.

After graduation from high school, Harold attended Elon College and taught school before enrolling in dental school at Emory University where he was graduated in 1947. He served as a Navy dental officer during the Korean war.

He has been active in the Exchange Club, having served as local and state president. He has been a member of the Cumberland County School Board for eleven years and served for four years as chairman of that board. He is now also president of the North Carolina School Boards Association.

His fraternity is Delta Sigma Delta. He is a member of the Pierre Fauchard Academy and the North Carolina Association of Professions. He is a 32 degree Mason KCCCH.

Harold is married to Jolene Cann Pope and has four step-children, Mrs. Susan Ross, Mark, Lewis, and Joanne Pope. Susan and her husband have a lovely four-year old daughter, Cherilyn.

The Maxwells are members of Highland Presbyterian Church in Fayetteville.

Harold is dedicated to his profession, having served as president of the local dental society and the Fourth District Society. He enjoys his active schedule and likes to read and to travel, and is a loyal Carolina fan! When he has a rare free week-end, he usually can be found engaged in some activity at the "farm" at Falcon.

### Sunday, May 9

- 8:30 a.m. Golf Tournament
- 12:00 Luncheon — American College of Dentists
- 2:00 p.m. Table Clinics
- 5:00 p.m. Social Hour Dinner at Poolside — Bicentennial Observance
- 8:30 p.m. First General Session

### Monday, May 10

- 7:30 a.m. District Officers Conference Breakfast
- 8:30 a.m. Keynote Speaker — Charles Kuralt
- 9:00 a.m. Commercial Exhibits Open
- 10:30 a.m. Physical Health Evaluator Presentation
- 12:00 Luncheon — International College of Dentists
- 1:00 p.m. Scientific Session — Dr. Kenneth E. Lawrence, Kansas City, Mo. "Preparing the Pedodontic Patient for Preventative Procedures"
- 5:00 p.m. Social Hour
- 6:30 p.m. Banquet
- 9:00 p.m. Entertainment and Dance

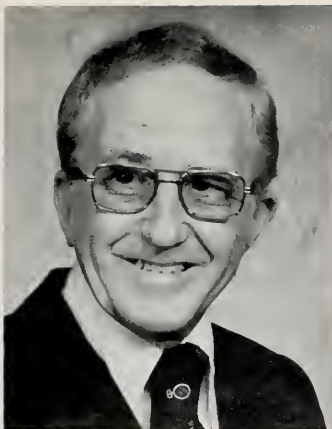
### Tuesday, May 11

- 7:30 a.m. Past Presidents' Breakfast
- 9:00 a.m. Commercial Exhibits Open
- 9:00 a.m. Scientific Session — Mr. O. A. "Bud" Ham, Denver, Colorado. "Managing Changes in Dentistry, Present and Future"
- 12:00 Luncheon — Academy of General Dentistry
- 2:00 p.m. Scientific Session — Mr. Ham
- 5:00 p.m. Fraternity Social Hours
- 6:30 p.m. Buffet Dinner
- 8:30 p.m. Second General Session

### Wednesday, May 12

- 9:00 a.m. Projected Clinics
- 10:30 a.m. Physical Health Evaluator Report
- 11:30 a.m. Third General Session





Harold Maxwell, D.D.S.  
President, N.C.D.S.

# Preliminary Program 120th Annual Session

North Carolina  
Dental Society

May 9-12, 1976  
Pinehurst, N. C.  
Pinehurst Hotel



Frank Shuler, D.D.S.  
President-elect, A.D.A.



R. B. Borden, D.D.S.  
President-elect



P. C. Purvis, D.D.S.  
Vice-President



John M. Faust, D.D.S., Trustee  
Fifth District, A.D.A.



Mitchell Wallace, D.D.S.  
Chairman, Executive Committee



Robert B. Litton, D.D.S.  
Secretary-Treasurer

# North Carolina Dental Hygienists' Association



## Impact Is Now

### ANNUAL MEETING AGENDA

Foxfire Country Club, May 9th-12th

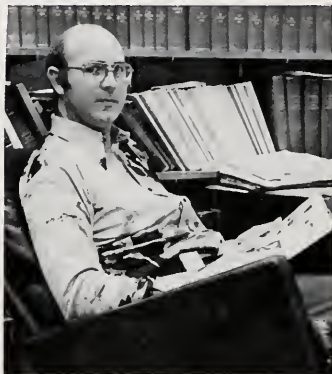
**PRESIDENT'S INDEPENDENCE BALL.** A dance honoring our Association President, Laura Jeanes, will be held at the Country Club of North Carolina on Sunday Night, May 9, 1976 at 9:00 p.m. All members of NCDS, NCDAA, Exhibitors, and Other Guests are invited to attend. Admission tickets will be available at the door.

**JOINT EDUCATIONAL MEETING.** NCDHA and NCDAA will meet together on Monday, May 10, 1976 at 1:30-5:00 p.m. Dr. George T. Johnson, Western Carolina Center, will speak on the "Effective Team Approach to the Needs of the Special Patient." Accreditation will be for three hours.

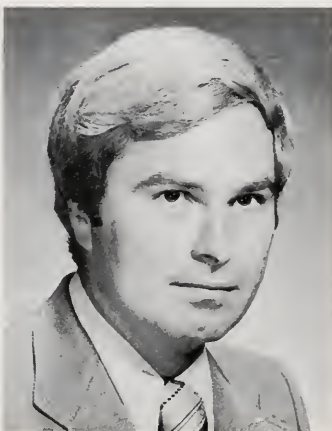
**MUNCH & LEARN LUNCHEON.** A Munch & Learn Luncheon will be available to the first 135 members to preregister. Fifteen topics of interest will be discussed at this luncheon on Tuesday, May 11, 1976 at 11:45-1:30 p.m.

**MORE CONTINUING EDUCATION.** Dr. David Hall of U.N.C. Department of Orthodontics will speak on "The Dental Hygienist and Occlusion" on Tuesday, May 11, 1976, 2:00-5:00 p.m.

**INFORMAL DISCUSSION.** An informal but important discussion concerning current issues in Dental Hygiene will be lead by NCDHA Delegates to ADHA on Tuesday night. This informative forum will help each member better understand present trends and future considerations in our profession.



Thomas G. Johnson, Jr., D.D.S.



David Hall, D.D.S.

#### Sunday, May 9

- 9:30-10:00 Registration
- 10:00-12:00 Executive Board Meeting
- 12:00-2:00 Lunch (on your own)
- 2:00-4:00 Delegates Workshop
- 5:00-7:00 Educator's Workshop
- Dinner (Foxfire)
- 8:30 Opening Session North Carolina Dental Society
- 9:00-1:00 **PRESIDENT'S INDEPENDENCE BALL**

#### Monday, May 10

- 8:00-9:00 Registration and coffee
- 9:00-10:30 Opening Session
  - Invocation
  - Greetings
  - District IV Trustee report
  - NCDHA President's address
- 10:30-11:30 First House of Delegates Meeting
- 11:30-1:30 Lunch (on your own)
- 1:30-5:00 Joint Education Meeting NCDHA-NCDAA
  - Dr. George T. Johnson
  - "Effective Team Approach to the Needs of the Special Patient"

- 5:00-6:30 Dinner (Foxfire)
- 6:30-8:30 ADHA Delegate Rap Session
- 9:00-1:00 NCDAA Dance

#### Tuesday, May 11

- 8:00-9:00 Registration and coffee
- 9:00-11:30 Second House of Delegates Meeting
  - Installation of 1976-1977 Officers
- 11:45-1:30 Munch and Learn Luncheon
- 2:00-5:00 Scientific Session
  - Dr. David T. Hall
  - "The Dental Hygienist and Occlusion"
- 5:30-6:30 NCDHA Leadership Workshop (incoming and out-going committee chairman)
- 6:30-9:00 Dinner (Foxfire)

#### Wednesday, May 12

- 9:00-1:00 Executive Board Meeting
- 1:00-2:30 Lunch (on your own)
- 2:30-4:30 Joint Meeting NCDHA-NCDAA Officers and 1977 Annual Sessions Committee Chairpersons

During free time the hospitality room will be open, also you will have time to visit the exhibits at the Pinehurst Motel.

# Charles Kuralt: CBS NEWS CORRESPONDENT

EDITORS NOTE: Mr. Kuralt is the Keynote speaker for the N. C. D. S. annual meeting.

CBS News Correspondent Charles Kuralt's forte is traveling the backroads of America, capturing unusual stories about unusual people and places. "On the Road," a record of his journeys, is seen periodically on THE CBS EVENING NEWS WITH WALTER CRONKITE on the CBS Television Network.

Kuralt's "On the Road" series, which began in October 1967, has attracted wide attention and resulted in such prestigious broadcasting awards as an Emmy from the National Academy of Television Arts and Sciences (1969) and a George Foster Peabody Award (1969). His reports have some aspect of individuality as their recurrent theme, and as Kuralt puts it, "In an age of plastics and conformity, I am constantly struck by the examples of hearty individualism that remain in this country. Everybody has his own story to tell."

His journeys have taken him to such places as Cumby, Texas, where he learned the art of horse trading; Winston-Salem, N. C., watching bricks made by hand by a 92-year-old expert; and Taku Harbor, Alaska, where a wilderness philosopher told of his fears of losing his solitude in the midst of Alaska's tremendous population growth.

Unusual music and sounds of America and its people, such as the rhythms of the gandy dancers who line the tracks of the Mississippi Export Railroad, and unique American past-times — "worm grunting" in Sopchoppy, Fla., and "tubin" on Wisconsin's Apple River — have also been "discovered" by Kuralt "On the Road."

Kuralt's "On the Road" travels have also been broadcast as four CBS News Specials in January 1969, January 1970, September 1971 and August 1973.

Reporting from remote places of the country and the world is nothing new for Kuralt, who has been filing unusual stories from unusual places since he was named a CBS News Correspondent in 1959. He has reported from many parts of Africa and Asia, including Vietnam, from all 23 Latin American nations, and from the high Arctic, where he covered the 1967 attempt

of the Plaisted Polar Expedition to reach the North Pole. That trip resulted in a CBS News documentary, "Destination: North Pole," and a book by Kuralt, "To the Top of the World," published in the spring of 1968 by Holt, Rinehart and Winston, Inc.

Kuralt had a special "On the Road" assignment the summer of 1972, covering the individualism and off-beat places and events he found in and around Miami Beach during the Republican and Democratic National Conventions. Kuralt has been reporting on political events and election coverage for CBS News since the 1960 Kennedy-Nixon campaign.



Kuralt's reporting talents have also been put to work on many additional CBS News broadcasts. These include CBS REPORTS: "Mayor Daley: A Study in Power," an examination of the Mayor of Chicago and his political machine, and the CBS News Special, "What's New at School," a look at an almost hidden revolution in education taking place in America's primary schools, both broadcast in April 1972, as well as the award-winning CBS REPORTS: "You and the Commercial," an examination of the television commercial, presented in April 1973.

In addition, Kuralt was the reporter on the CBS News Special "Misunderstanding China," an exploration of American misconceptions about the Chinese (February 1972); "Adventure: To the Top of Everest," a report on the most recent scaling of the mountain by a Japanese team of climbers

(December 1971); CBS REPORTS: "... but what if the dream comes true?," a look at one family's successful quest of the American dream, and a CBS News test for young people, "Kids! 53 Things to Know about Health, Sex and Growing Up" (January 1971). He also participated in the CBS News Special "Louis Armstrong: 1900-1971" (July 1971), joining a group of Armstrong's friends as they shared memories of the great entertainer, and was the anchorman on "A Tribute to Jack Benny," a Special CBS News broadcast honoring the late comedian (December 1974).

In 1968 Kuralt reported the events surrounding the April funeral of Dr. Martin Luther King Jr., as well as the funeral of Sen. Robert Kennedy two months later. His live report from the Hyde Park estate of the late President Franklin D. Roosevelt on the day of the state funeral of Sir Winston Churchill, and of the final tributes to the war-time Prime Minister of Great Britain, was considered a highlight of CBS News coverage.

Kuralt joined CBS News as a writer in 1956 and was elevated to the news assignment desk in 1958. In 1960, he became the first host of the CBS News series "Eyewitness;" a year later, he was named CBS News Chief Latin American Correspondent, based in Rio de Janeiro. In 1963, he was appointed CBS News Chief West Coast Correspondent, and held that post until the autumn of 1964, when he transferred to CBS News headquarters in New York City.

Kuralt's journalism interests began while he was a student at the University of North Carolina, where he was editor of the student-owned newspaper *The Daily Tar Heel*. After graduating in 1955, he became a reporter-columnist of the *Charlotte* (N. C.) *News*, where he remained until joining CBS News. In 1956, while working at the paper, he won the Ernie Pyle Memorial Award for "newspaper writing most nearly exemplifying the style and craftsmanship for which Ernie Pyle was known."

Kuralt is married to the former Susan Peterson Baird of Port Washington, N.Y., and they make their home in New York City. Kuralt was born on September 10, 1934, in Wilmington, N.C.



# Past, Present, and Future Commercial Exhibits

Monday, May 10, 9:00 a.m. to 5:00 p.m.

Tuesday, May 11, 9:00 a.m. to 5:00 p.m.

## NORTH, SOUTH & DOGWOOD ROOMS, CORRIDOR OFF MAIN LOBBY & CARDINAL BALLROOM...LOBBY

You are urged to visit the commercial exhibits. The manufacturers, dealers, laboratories and other organizations will be represented by highly qualified people who can give you helpful hints on economical and intelligent buying.

Firm Name	Booth
A-Dec, Newberg, Oregon.....	55 & 56
American Dental Manufacturing Company, Missoula, Montana .....	69
Astra Pharmaceutical Products, Inc. Framingham, Massachusetts .....	8
A-V Scientific Aids, Inc., Los Angeles, California.....	58
Block Drug Company, Inc., Jersey City, New Jersey....	3
Bosworth Company, Harry J., Chicago, Illinois.....	41
Cambiare, Ltd., Greensboro, North Carolina....	51 & 52
Carolina Dental Supply, LaGrange, North Carolina.....	61
Charlotte Laboratory, Inc., Charlotte, North Carolina..	11
Chayes Virginia Corporation, Evansville, Indiana.....	76 & 77
Coastal Dynamics Corporation, Westlake Village, California .....	75
Codesco, Inc., Asheville, North Carolina.....	10
Coe Laboratories, Inc., Chicago, Illinois.....	64 & 65
Cooke & Associates, Inc., Houston, Texas.....	18
Crumpton, J. L. & J. Slade, Inc., Durham, North Carolina.....	78
Den-Tal-Ez Manufacturing Company, Des Moines, Iowa.....	62 & 63
Dentsply International, Inc., York, Pennsylvania.....	44 & 47
Gold & Ceramic Dental Laboratory, Inc., Lumberton, North Carolina.....	54
Healthco, Charlotte, North Carolina.....	70, 71, 72, 73 & 74
Janar Company, Inc., Grand Rapids, Michigan.....	34
Johnson & Johnson, Atlanta, Georgia.....	35
Kerr Manufacturing Company, Romulus, Michigan.....	68
Lilly, Eli & Company, Indianapolis, Indiana.....	43
Litton Dental Products, Raleigh, North Carolina.....	48 & 49
McNeil Laboratories, Fort Washington, Pennsylvania....	4
McVane, Jim Dental Laboratories, Atlanta, Georgia .....	20 & 21
3M Company, St. Paul, Minnesota.....	50
Midwest American, Melrose Park, Illinois.....	16 & 17
National Dental Supply Company, Abington, Pennsylvania .....	7

Firm Name	Booth
Ney, J. M. Company, Bloomfield, Connecticut.....	14
Oral-B, Division of Cooper Laboratories, Inc., Parsippany, New Jersey.....	53
Pelton & Crane Company, Charlotte, North Carolina .....	66 & 67
Precision Sales & Service, Inc., Trinity, North Carolina..	22
Premier Dental Products Company, Philadelphia, Pennsylvania .....	9
Proctor & Gamble Distributing Company, Cincinnati, Ohio .....	39
Professional Budget Plan, Madison, Wisconsin.....	36
Professional Sales Associates, Inc., Barrington, Illinois .....	59 & 60
Read's Uniform Center, Inc., Winston-Salem, North Carolina.....	13
Ritter Company, Rochester, New York.....	37 & 38
Rudd, Clyde & Associates, Inc., Raleigh, North Carolina..	15
Saunders, W. B. Company, Philadelphia, Pennsylvania..	5
Siemens Corporation, Iselin, New Jersey.....	19
Sturgis, J. Minor Porcelain Laboratory, Atlanta, Georgia..	12
Teledyne Dental, Denver, Colorado.....	42
Teledyne Water Pik, Fort Collins, Colorado.....	6
Thompson Dental Company, Raleigh, North Carolina.....	23, 24, 25, 26, 27 & 28
Tincher Dental Laboratory, Charleston, West Virginia..	33
U. S. Dental Services, Inc., Decatur, Georgia.....	46
Unitek Corporation, Monrovia, California.....	45
Vacudent, Salt Lake City, Utah.....	32
Vitredent Marketing Corporation, White Plains, New York.....	57
White, S. S., Division of Pennwalt, Philadelphia, Pennsylvania .....	29, 30 & 31
Woodward Prosthetic Company, Greensboro, North Carolina.....	1 & 2
Young Dental Manufacturing Company, Maryland Heights, Missouri.....	40

# Minutes of Executive Committee

December 5, 1975

December 8, 1975

January 16, 1976

December 5, 1975

Velvet Cloak Inn

Raleigh, North Carolina

**Call to Order.** The Executive Committee convened on Friday, December 5, 1975, at the Velvet Cloak Inn in Raleigh, N.C. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 8:13 p.m. Dr. Litton led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President; R. B. Barden, President-Elect; P. C. Purvis, Vice President; R. B. Litton, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman.

Others present: Garland Homes, President, Fifth District Dental Society; H. L. Keith, President-Elect, Fifth District Dental Society; Richard Belton, President, First District Dental Society; Robert L. Cherry, Executive Secretary.

**Central Office Rental.** Dr. Barden moved that the Executive Committee accept the Central Office Committee's recommendation to move the Central Office from Meredith Woods Professional Building to the Lake Boone Office Center and authorize the movement. Dr. Spillman seconded the motion and it passed.

**Medicaid.** Dr. Spillman moved that Dr. Maxwell be requested to write a letter to Mr. Fred Lockhart, Health Applications Systems, expressing the disappointment with the rate of payment made to dental practitioners involved in Title XIX work and emphasize the number of young practitioners who are having hardships with slow payments plus the possibility of dentists dropping out of the program due to the rate of payment. Dr. Litton seconded the motion and it carried.

**Dental Consultant Workshop.** Dr. Horton moved that the Annual Sessions Committee meeting and the workshop for NCDS dental consultants for the Medicaid (Title XIX) Program be held on Saturday, January 17, at the Pinehurst Hotel. The motion was seconded by Dr. Spillman and passed.

**Central Office Salaries.** Dr. Horton moved that the title of Executive Secretary, NCDS, be changed to Executive Director, NCDS. Dr. Spillman seconded the motion and it carried.

The Central Office Committee recommendation of a \$900 a year salary increase for the Executive Director and a \$400 a year salary increase for each of the two staff assistants was accepted and passed by the Executive Committee.

**Dental Fund.** On a motion by Dr. Maxwell, seconded by Dr. Horton, it was approved that the \$4,900 in income received from the IC Collection System be divided with \$2,500 going for a special dental fund and \$2,400 for Central Office furniture and equipment.

**Old Business.** The discussion under old business concerned professional liability insurance and H.B. 433 which concerns extramural educational opportunities for dental students.

Dr. Barden moved that the Executive Committee refer to Mr. Howison, Society's legal counsel, the possibility of seeking a law change to insert dentists into Article 17, Section 131-163 and 164 of the N.C. General Statutes entitled "Medical Review Committee." The motion was seconded by Dr. Maxwell and passed.

Dr. Barden reported on his liaison between the Society's Dental Laboratory Relations Committee and the N.C. State Board of Dental Examiners concerning dental laboratory technician regulation.

On a motion by Dr. Maxwell, seconded by Dr. Litton, it was approved that the Executive Committee recommend disbandment of the Dental Forum.

Dr. Maxwell moved that gift certificates of \$100 to the Executive Director and \$50 to each staff assistant be given for Christmas. Dr. Purvis seconded the motion and it passed.

**Next Meeting.** The next meeting was set for Friday, January 16, at 9:00 p.m. at the Pinehurst Hotel.

**Adjournment.** The meeting adjourned at 12:37 a.m., Saturday, December 6.

## Telephone Conference Call

December 8, 1975

**Call to Order.** At the request of the President, a telephone conference call was arranged for the evening of December 8, 1975, to

transact business requiring immediate action by the Executive Committee. The conference call began at 10:02 p.m.

**Roll Call.** The following participated in the conference call:

Officers: H. E. Maxwell, President; R. B. Barden, President-Elect; P. C. Purvis, Vice President; R. J. Shankle, Editor-Publisher.

Committee members: M. W. Wallace, Chairman; Charles W. Horton, J. Harry Spillman, and G. R. Willis.  
Staff: Robert L. Cherry.

**Manpower Study Committee.** Dr. Maxwell discussed the December meeting of the Special Dental Manpower Study Committee. Dr. Maxwell stated that Dr. DeFries needed at least \$6,000 start-up funds for the manpower study. Dr. DeFries is in the process of applying to the Kellogg Foundation for grant monies to carry out the survey. If this is successful, Dr. DeFries will not need the Society's money.

Dr. Maxwell moved that the sum of \$7,000 be allocated to Dr. Gordon DeFries of the Health Services Research Center in Chapel Hill to use as start-up money for a N. C. dental manpower study. Dr. Willis seconded the motion and it passed.

**Technical Assistance Program.** Dr. Maxwell discussed the establishment of a technical assistance program for dentally underserved areas requesting dental manpower in North Carolina.

Dr. Barden moved that the President set up a committee on the state level with district representation for technical assistance to dentally underserved areas in North Carolina. The motion was seconded by Dr. Spillman and passed.

**Next Meeting.** The next Executive Committee meeting was set for Friday, January 16, at 9:00 p.m. at the Pinehurst Hotel.

**Adjournment.** The meeting adjourned at 10:54 p.m.

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January 16, 1976  
Pinehurst Hotel  
Pinehurst, N. C.

**Call to Order.** The Executive Committee convened on Friday, January 16, 1976, at the Pinehurst Hotel in Pinehurst, North Carolina. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 9:23 p.m. and led in prayer.

**Roll Call.** Officers present: H. E. Maxwell, President; R. B. Barden, President-Elect; P. C. Purvis, Vice President; R. B. Litton, Secretary-Treasurer.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, G. R. Willis, and J. H. Spillman.

Others present: J. A. Stephens.  
Staff present: Robert L. Cherry.

**Dental Education.** Dr. John A. Stephens, Chairman, NCDS Dental Education Committee, gave a report concerning problems that certain community college dental hygiene and dental assisting programs are having with the ADA Accreditation Commission. Dr. Stephens cited goal and philosophy divergence between the community colleges and the ADA Commission.

The Dental Education Committee has acted as liaison in these problems. The dental directors of the community colleges are to meet January 29th to discuss the matter and a meeting between the directors and the ADA Accreditation Commission is being arranged for March.

Dr. Stephens also discussed the possible establishment of dental technician programs at Fayetteville Technical Institute and Asheville-Buncombe Technical Institute.

**Dental Licensure.** Dr. Barden has been asked to represent the Society at a February meeting of the ADA Commission on Licensure in Chicago. The Executive Committee requested that Dr. Barden develop a Society policy statement in concert with the N. C. State Board of Dental Examiners to present to the ADA Commission.

**Directory.** Dr. Maxwell moved that the next NCDS Directory include the telephone numbers of the members. Dr. Horton seconded the motion and it passed.

**ADA Alternate Delegates.** The committee discussed the fact that all voting members of the Executive Committee are not ADA Alternate Delegates as the NCDS Constitution and Bylaws now reads.



Dr. Horton moved that the NCDS Constitution and By-Laws Committee be instructed to submit an amendment to the 1976 House of Delegates to change Article V, Section 2, of the NCDS Constitution so that the Editor-Publisher is listed after members of the Executive Committee as an alternate delegate. The motion was seconded by Dr. Barden and carried.

**Recess.** The meeting recessed at 12:55 a.m., January 17.

**Reconvene.** The meeting reconvened at 2:10 p.m., Saturday, January 17, Dr. D. W. Seifert, Chairman of the Ethics Committee, was present at this time.

**Ethics.** Dr. Spillman moved that the Chairman of the Ethics Committee, in concert with the President of the Society, draft an appropriate resolution for submission to the proper ADA Council reaffirming its upholding of the provision of the ADA Code of Ethics Section dealing with advertising. Dr. Willis seconded the motion and it passed.

**Annual Session Budget.** The budget for the 120th Annual Session was discussed. A question arose concerning the financing of a physical screening evaluation for Society members at the meeting.

Dr. Purvis moved that if at least 150 members agree to pay \$60 by March 15, the Society plan to have the physical health evaluation at the Pinehurst meeting. Dr. Barden seconded the motion and it carried.

On a motion by Dr. Maxwell, seconded by Dr. Litton, a budget of \$19,800 for the 120th Annual Session was approved.

**National Health Service Corps.** Dr. Maxwell spoke on the formation of NCDS Technical Assistance Committees in each district to aid and evaluate applications for National Health Service Corps dentists.

**Group Funded Dental Plans.** Dr. Willis reported on the work of the special committee which is working on policy concerning third party dental plans for consideration at the next NCDS House of Delegates.

**Mid-Year Meeting.** The Executive Committee urged Dr. Maxwell to recommend to each district that they consider having a mid-year meeting along the same lines as the upcoming Third District Meeting.

**H. B. 433.** Dr. Spillman moved that Mr. Howison be contacted concerning changing the language of H.B. 433 now in the N. C. Legislature to conform with the new agreement being worked out between the Dental School and the State Board. Dr. Maxwell seconded the motion and it passed.

**Survey Questionnaires.** Dr. Willis moved that the Executive Committee of the NCDS encourage its membership to refrain from the filling out of questionnaires that the members receive except those that are sent or approved by the N. C. Dental Society, the ADA, the State Board of Dental Examiners, or N. C. State Agencies. The motion was seconded by Dr. Barden and passed.

**Peer Review Prosecution Exemption.** On a motion by Dr. Horton, seconded by Dr. Maxwell, it was approved that the Society pursue having dentists added to the N. C. law exempting medical review boards from liability.

**1976 Budget.** Dr. Maxwell moved that a budget of \$149,548 be approved for the N. C. Dental Society for 1976 and that representatives of NCD-PAC be asked to appear at the next Executive Committee meeting. The motion was seconded by Dr. Barden and passed.

**Next Meeting.** The next meeting of the committee was set for 10:00 a.m., Friday, March 12, at the Central Office in Raleigh.

**Adjournment.** The meeting adjourned at 6:06 p.m.

## Committee Reports

### REPORT OF THE AHEC LIAISON COMMITTEE (SPECIAL)

BAXTER B. SAPP, JR., *Chairman*

ROBERT GAINAY  
G. S. ABERNATHY  
STANLEY GRIFFIN  
TOM FLEMING  
CECIL PLESS  
KENNETH D. OWENS  
HAROLD TWISDALE

CHARLES EATMAN  
BARRY MILLER  
MARVIN BLOCK  
AL ROSEMAN  
T. J. HEAD  
MAURICE RICHARDSON  
GEORGE THOMAS

**Meetings:** Informal discussions were held between the Chairman and The State-wide AHEC Director, the State-wide AHEC Dental Director, Dean of the School of Dentistry, AHEC Liaison Persons, and Committeemen. Formal meetings of the committee were held on November 15, 1975 and January 25, 1976. The Committee developed an all day Workshop that was held at the Governor's Inn on November 15, 1975. Those in attendance at the Workshop were: Members of the Executive Committee, AHEC Liaison Committee, Presidents of the District Dental Societies, Department of Human Resources, Dental Health Section, President of the State Board of Dental Examiners, President of the Dental Hygienists Association, President of the Dental Assistants Association, and interested Dentists. The program was conducted by the AHEC Liaison Committee Chairman and the

speakers were: President of the North Carolina Dental Society; Mr. Glen Wilson, Director of the State-wide AHEC Program; Dr. Eugene Mayer, Deputy Director of the State-wide AHEC Program; Dr. Larry Cutchin, AHEC Director, Area L; Dr. Claude Drake, Dental Director of the State-wide AHEC Program; Mr. Ben Tison, State Representative from Mecklenburg County; Dr. Tom Fleming, Dental Director in Area L; Dr. Charles Milone, Liaison to Area L; James Menius and Mike Justice, Senior Students at the UNC School of Dentistry. The proceeding was the source material for this report.

**Assignments:** Letter to the Chairman from the President of the North Carolina Dental Society dated July 7, 1975. "Seek out the provisions of the enabling legislation establishing AHEC's and endeavor to evaluate its intent and scope. How is it funded and how will it be funded in the future? Is there a permanent program, and if so, to what extent might it develop? Is its function to meet the needs of the public, alter the distribution of health manpower or provide a training facility for students? If it is a training facility, who provides the patients and how does the patient load become comprehensive enough to provide challenging learning experiences for the student? Will there be government sponsored clinics in competition with the free enterprise private practice? How will they force distribution of manpower? Who controls the scope of each AHEC? In what law does it say who controls? Is it the local Dental Advisory Committee or the State Boards of both who control?"

### INTRODUCTION

This paper constitutes the first report of the Area Health Education Center Liaison Committee of the North Carolina Dental Society concerning the definition, purpose, and scope of the Area Health Education Center Program (hereafter referred to as AHEC) and its influence on the health affairs of the people of this State. In defining this program, the Committee feels a deep sense of responsibility in defining not only what the program is, but what it is not. The AHEC Program is intended to improve the professional environment of a geographic region through community-based education of students and residents, and through area-wide continuing education of health professionals of all types. It is not a health service oriented program; it is not in the health planning business involved with Health Maintenance Organizations, Health Service Corps, or PSROs; it is not a program to alter or control health manpower; nor is it a program to overrun the State with health personnel.

### PERSPECTIVE

If one is to understand the AHEC concept, it is necessary to understand the nature of the State in which the Program is expected to function. Ours is the twelfth largest state in geographical area and fourth most rural state in the country. Fifty-five percent of its population is living in towns of less than 2500 and 85 of the 100 counties are more than 50 per cent rural areas. Being the 42nd state in per capita income, one can readily see that health manpower is more traditionally attracted to the urban areas. Half of all physicians in the state practice in six counties. These counties account for only 25 per cent of the population. In fact, over 40 per cent of the practicing dentists in the state are located in the following seven counties: Mecklenburg, Wake, Durham, Guilford, Forsyth, Buncombe, and Cumberland. In evaluating the distribution of the representatives in our Legislature, we find 40 members from urban areas and 80 members from rural areas. It is not difficult to understand why our Legislature has committed 31.5 million state dollars to a program designed to improve the quantity and quality of the health care provided for all its people. This commitment by our Legislature represents an expression of confidence in our health professionals that the health needs of the people can be satisfied without intervention by the federal government. AHEC may represent an opportunity to solve many of our own problems, and dentistry should assume its role in assuring the direction of this program.

### OBJECTIVES, ORIGIN AND DIRECTION OF AHEC

The goals and objectives which have been established for the North Carolina AHEC Program are as follows:

1. To improve the professional environment in each of the 100 counties of the state, which should improve the distribution of health manpower.
2. To expose health students, interns, and residents to the opportunities of community practice.
3. To extend the clinical experience of university students in medicine, dentistry, pharmacy, public health, and nursing to a training program in community hospitals, health agencies, community colleges, technical institutes, physicians' offices, and dental offices hoping to increase the number of persons choosing primary care practice.
4. To improve the continuing education programs of all health professionals and their auxiliaries.

The AHEC concept was conceived in the Carnegie Commission's report entitled, "Higher Education and the Nation's Health." The report stated that health science schools could more effectively meet community health needs and better distribute health manpower of all types by conducting substantial portions of their clinical training programs in community settings. It recommended the development of



126 AHECs around the nation. In as much as the major health issues before the U. S. Congress relate to the cost, quality, and accessibility of health services the Congress authorized the development of a limited number of AHEC projects under the Comprehensive Health Manpower Training Act of 1971. In 1972 eleven universities received five year federal contracts from the national AHEC program, and from these eleven universities, twenty-seven AHECs have developed, nine of which are in North Carolina. The universities are: University of California, University of Illinois, University of Minnesota, University of Missouri, University of New Mexico, University of North Carolina, University of North Dakota, Medical University of South Carolina, University of Texas, Tufts University, and West Virginia University.

The North Carolina AHEC Program is under the directorship of the Associate Dean of the UNC School of Medicine, with the leadership provided by the School of Medicine in partnership with its sister school of Dentistry, Nursing, Pharmacy, and Public Health. The Duke University Medical Center, Bowman Gray School of Medicine, and the East Carolina School of Medicine have accepted a partnership role in providing the primary university support in the development of an AHEC region. This is a rare and unique example of inter-institutional cooperation in meeting our state-wide health needs.

## FUNDING

The North Carolina Program began with a five year \$8.6 million federal contract awarded in 1974. With these funds, \$1 million of state funds, and with substantial financial support from six community hospitals, three AHECs were developed. The results shown by these three centers convinced the Board of Governors of the University of North Carolina and the Legislature to develop a statewide system of nine AHECs in partnership with the other medical centers of North Carolina.

In 1974 the Legislature appropriated \$28.5 million for the development of the statewide program. The appropriation included \$5 million for program operations and the development of new primary care residency positions, and \$23.5 million for the construction of educational facilities and family practice training centers at each of the nine AHECs. In 1975 the State added \$2.8 million, bringing its total investment in the AHEC program to about \$31.5 million. The projected annual operating cost by 1980 is \$14 million, which includes \$4.5 million for support of the 300 new primary care residents. Of the total state funds committed to AHEC in 1974 and 1975, about 10 per cent goes to the schools and about 90 per cent to the centers and the areas that they serve. Of the operating budget, about 75 per cent of the funds go to the employees in the form of salaries and about 25 per cent to travel and supplies. The General Assembly called for a total of nine AHECs, which have now been developed. Map #1 indicates the counties included in each center. It was noted by the Committee that Orange, Durham, Person, and Chatham Counties had not been designated as or with any AHEC region. It was also noted that AHEC Area III included York and Lancaster Counties in South Carolina.

## OPERATION

The base of operation of each AHEC is located in a community hospital or a consortium of hospitals and is based on a contractual agreement between the University and the governing body of the hospitals. A typical AHEC has a full time director and between six and ten full time medical faculty. There are four to six full time faculty in disciplines such as nursing, pharmacy, dentistry, public health, and other allied health programs. These people are responsible for all the training of health science students assigned to the AHEC from the University. They are also responsible for the continuing education programs throughout the AHEC and hold faculty appointments at the University. Although the full time AHEC faculty are essential to the program, the same is true of the community practitioners who devote considerable time to the teaching program under the guidance of the AHEC director and faculty. In 1972, 2-3 per cent of all clinical training of third and fourth year medical students was received in the AHEC. In 1975, 20 per cent, and it is projected that by 1980 33 per cent of their clinical training will be conducted in the AHEC. This decentralized and regionalized training involves an exchange of university faculty, community practitioners, and AHEC faculty between the AHECs and the University. This represents an extension of the University educational programs into the community and it is expected that the quality of care will be improved by the ready availability of continuing education programs. The distribution of health professionals should be improved by relieving the isolation experienced by many practitioners in underserved areas. The experience received by the students who attend these areas should not only stimulate their interest in those areas, but also enrich their professional education.

## DENTAL PROGRAM

The organization of the statewide AHEC dental program includes the following components:

1. Overall AHEC dental director, based at UNC-Chapel Hill.
2. Liaison persons, university based at UNC-Chapel Hill.
3. Local AHEC directors.
4. Local AHEC dental directors.

## 5. Local dental advisory committees.

The overall AHEC dental director is responsible for coordinating statewide dental activities while the dental liaison person serves as a link between the University and local AHEC dental programs. At the local level these individuals work in harmony with the AHEC director, dental director, and dental advisory committee, which is made up of local practitioners. However, it is noted by the Committee that each AHEC region has a governing body which dictates policy and that only the Eastern AHEC has a dental representative on its governing board.

The goals of the Dental AHEC Program are:

1. To satisfy the manpower needs in underserved areas.
2. To improve continuing education opportunities for all health personnel and their auxiliaries.
3. To enrich the educational experience of health science students.
4. To promote closer relationships between health science schools and the local practitioners.

Here again the key element is education.

The School of Dentistry has been participating in the development of the AHEC Program since 1971 in the interest of establishing community based training facilities in health departments, community colleges, technical institutes, nursing homes, schools, hospitals, and private dental offices. Each senior dental student spends four weeks in an assigned AHEC and this experience has had a desirable effect upon the development of his clinical skills, understanding of the dynamics of conducting a dental practice, and dealing with patients not typically seen in the dental school environment. This time serves as a period of self evaluation and reflection upon the student's own aptitudes, skills, and personality in a setting in which he may soon be living and working. The opportunity to candidly discuss comprehensive health care in the field is a good experience for all concerned. Our School of Dentistry is second to none in teaching the science of dentistry; however, the student's opportunity to make a practical application of that science through the medium of the AHEC enhances the educational experience and the quality of the school's curriculum. By this exposure the student may find that the urban areas do not always represent the practice security they expect and that the rural areas may more adequately fulfill their expectations.

Some members of the dental community are concerned about the family practice programs in as much as dental patients may be screened by family practice medical residents. AHEC specifies that in cases where patients are under the care of a private dentist, those patients will be referred back to their dentist. Those who do not have a dentist and can afford and desire private care will be given a list of dentists who are willing to accept referrals from the family practice center. It is only through mutual cooperation between the local practitioners and the AHEC staff that dentistry will be able to function as a valuable member of the health team.

## DENTAL ADVISORY COMMITTEE

As the AHECs become established, planning begins to take place and programs begin to function. It is at this point in time that local practitioners should take an active and constructive role in AHEC planning, both for the short term and long range activities. It is through an active Dental Advisory Committee that the local dentists can have a voice in their AHEC. The goals of a dental advisory committee should coincide with the overall goals of the AHEC. All AHECs are different and hence, specific goals and objectives of advisory committees may not be alike. However, the overall functions of the AHEC Dental Advisory Committees can be generalized into the following:

1. To inform fellow practitioners of AHEC functions and ongoing activities.
2. To inform, advise and communicate the feeling of the local practitioners to the AHEC personnel.
3. To function in a planning capacity and relate specific information as it pertains to such things as continuing education programs, student rotations, patient treatment, facility planning, and AHEC dental programming in general.

Each Dental Advisory Committee should be representative of its AHEC on a geographic and population basis. In addition, since the AHECs are based on the family practice general medicine concept, it is appropriate that a majority of the advisory committee be generalists. Each AHEC director and the dental leadership from his region should establish a dental advisory committee appropriate to the region. The following represent some suggested guidelines from the AHEC Dental Director which can be utilized in establishing an effective, representative Dental Advisory Committee:

1. Two members from each county or defined geographic area within the AHEC region to achieve area wide representation.
2. A majority of the representation be general practitioners.
3. The term of office for the two members should be as follows: One year for one individual and two years for the other during the first year of the committee. Following this, the term of office will be two years for each representative. This will allow change in the membership without having complete turnover in any given year.
4. The president and President-elect of the local dental society in which the central AHEC facility resides should be members during the time of their terms in office.

5. Chairman and vice chairman should be selected by the committee at their first meeting and will serve for 1 year terms. The committee will elect officers annually.

6. One representative each from the auxiliary groups of dental hygiene and dental assisting.

7. A dental advisory committee should meet a minimum of three times a year to carry out its functions. Additional meetings should be called as indicated. These may be initiated by the AHEC staff, Committee member, or UNC School of Dentistry liaison person.

8. In order to maintain an active representative committee, individuals who are frequently absent should be replaced.

## SUMMARY

In a reprint from *Hospital Practice* dated September 1974 Volume 9, No. 9 Pp 169-190, the State-wide Director of AHEC made this cautious observation concerning the Program, "It will be some time before we can really tell whether the program has made a difference in the distribution of personnel. We think it has great promise, but I'm not prepared to say categorically it's going to work. I'll talk to you about that in 1980. As near as I can tell, there are no easy panaceas for the delivery of health care in the United States. The simpler the answer, the wronger it's likely to be."

## RESOLUTIONS

11. **Resolved**, that the information provided in this report be published for the general membership of the Society and other allied organizations in whatever manner necessary to gain the maximum degree of exposure.

12. **Resolved**, that the President of the North Carolina Dental Society take the necessary steps to initiate the formation of Dental Advisory Committees in those AHEC regions that have not yet formed a Dental Advisory Committee.

13. **Resolved**, that the President of the North Carolina Dental Society encourage all AHEC Directors to assist in the appointment of an elected dentist on each AHEC governing board.

## CONSTITUTION AND BYLAWS COMMITTEE

WILLIAM G. SCHNEIDER, *Chairman* (1977)

CHARLES P. GODWIN (1976)

G. SHUFORD ABERNETHY (1978)

W. DAVID BURNS (1979)

WILLIAM G. WARE (1980)

**Meetings:** The Committee held one meeting immediately following the 1975 House of Delegates Meeting.

**Assignments:** (1) Per direction of Article II, Section 6, of the *Bylaws*, the Committee has the standing assignment to review the articles of the *Constitution and Bylaws*.

(2) *19-1975-H. Resolved*, that the following be added to Article III, Section 5 of the *Bylaws* following the word *Society*. "In addition, one member shall be elected by the American Student Dental Association from its membership, who shall have full voting privileges." The amended Article III, Section 5 shall read as follows: Each District Society shall elect five delegates to the House of Delegates of the North Carolina Dental Society. In addition one member shall be elected by the American Student Dental Association from its membership who shall have full voting privileges. This was a substitute resolution for *18-1975-H* which read as follows: **Resolved**, that the House of Delegates request the *Constitution and Bylaws* Committee review and make such recommendations as it may deem appropriate regarding amendment of Article IX of the *Constitution and Bylaws*, to permit the student delegation one corporate vote in the House of Delegates, and be it further

**Resolved**, that the said standing committee make known such recommendations at the 1976 House of Delegates Annual Meeting next Spring.

(3) Per direction of the Executive Committee from their December 3, 1975 meeting, the *Constitution and Bylaws* Committee was asked to submit an amendment to the *Bylaws* changing the title of the Executive Secretary to Executive Director.

(4) Per direction of the Executive Committee from their January 16, 1976 meeting, the *Constitution and Bylaws* Committee was instructed to submit a change to the *Constitution* concerning ADA alternate delegates.

**Results of Assignments.** (1) The Committee agrees that the *Constitution and Bylaws* are editorially correct and are consistent with the Society's program.

(2) The Committee felt that *19-1975-H* expressed the thought of the Committee after full discussion by the 1975 *Constitution and Bylaws* Reference Committee. At the time of presentation to the 1975 House of Delegates it was very wisely pointed out by Dr. William A. Current that we had omitted making the change necessary in Article VIII of the *Constitution* to make it consistent with the change that had been presented in the *Bylaws*. An appropriate resolution appears at the end of this report.

(3) The Committee feels the change in the title from Executive Secretary to Executive Director is in keeping with the policy of similar associations. An appropriate resolution appears at the end of this report.

(4) The Executive Committee requested that the Editor-Publisher be moved in priority to the end of the list for alternate delegates to the ADA. The other officers of the Society and members of the Executive Committee would therefore be designated as alternate delegates before the Editor-Publisher. The Committee believes the Editor-Publisher is a vital member of the Society organization, but since he is not a voting member of the Executive Committee, he should not be an alternate delegate before other members of the Executive Committee. An appropriate resolution appears at the end of this report.

## RESOLUTIONS

14. **Resolved**, that Article VIII, Section 1, of the *Constitution* be amended by adding the following words immediately following "delegates from each of the five districts," and one member elected by the American Student Dental Association, from its membership, with the following becoming the amended Article VIII, Section 1:

The House of Delegates shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, delegates from each of the five districts, and one member elected by the American Student Dental Association from its membership as provided for in Article III, Section 5 of the *Bylaws*, the appointed members of the Executive Committee, the Chairman of the Ethics Committee and the elected delegates to the American Dental Association, and be it further

**Resolved**, that the following be added to Article III, Section 5 of the *Bylaws* following the word "society." In addition, one member shall be elected by the American Student Dental Association from its membership, who shall have full voting privileges."

The amended Article III, Section 5 shall read as follows: Each district society shall elect five delegates to the House of Delegates of the North Carolina Dental Society. In addition one member shall be elected by the American Student Dental Association from its membership who shall have full voting privileges.

15. **Resolved**, that Article XV of the *Bylaws* be amended by changing the title of the article from Executive Secretary to Executive Director, and be it further

**Resolved**, that Article XV, Sections 1 and 2 be amended by deleting the words "Executive Secretary" in each section and adding "Executive Director" in their place with the following becoming the amended Article XV, Sections 1 and 2:

## Article XV—Executive Director

Section 1: There shall be an Executive Director appointed by the Executive Committee. The Executive Director shall be responsible to the Executive Committee and the work of his office will be supervised directly by the Secretary-Treasurer.

Section 2: The duties of the Executive Director shall be: (1) To be the executive head of the Central Office and all its branches, and to engage and supervise all employees except as otherwise provided by these *BYLAWS*; (2) To coordinate the activities of the several committees; (3) To assist the Executive Committee and the officers of this Society as requested; (4) To assist in preparation and administration of the annual meeting; (5) To assist the Publications Committee in the editing, publishing and business management of all the publications of the Society; (6) To conduct the business affairs of this Society under the supervision of the Executive Committee; (7) To execute all those acts and to serve in all those capacities required of him by these *BYLAWS*; (8) To present a written report annually to the Executive Committee and the House of Delegates on the activities of his office.

16. **Resolved**, that Article V, Section 2 of the *Constitution* be amended by deleting the words "Editor-Publisher" immediately following "Chairman of the Executive Committee" and deleting the word "and" immediately following "Immediate Past President" and adding the words "and Editor-Publisher" immediately following "members of the Executive Committee by seniority" with the amended Article V, Section 2 reading:

The President-Elect, Vice President, Secretary-Treasurer, Chairman of the Executive Committee, Immediate Past President, members of the Executive Committee, and Editor-Publisher shall be alternate delegates as required to equal the number of delegates. Should additional delegates be necessary, they shall be elected for terms of one year each in accordance with Article IX of the *Bylaws*.

## DENTAL CARE PROGRAMS COMMITTEE

JAMES H. EDWARDS, *Chairman* (1980)

W. H. HOFFER (1979)

R. H. GRAHAM (1978)

SAMUEL T. HART (1976)

WALTER S. LINVILLE (1977)

**Meetings.** The Committee held its organizational meeting on May 12, 1975. Members have been contacted personally and by telephone on other occasions as the need arose.

**Assignments.** At the request of the President, the committee was represented at the ADA Workshop on Dental Care. There were meetings with Health Applications Systems and Dental Health Manpower Study. A meeting has been set up with the underwriter for Southern Bell Telephone employees in order to help develop a better dental care program.



## Resolution

This report is informational in nature and no resolutions are presented.

### DENTAL CARE PROGRAMS COMMITTEE

#### Subcommittee on State Agencies

JAMES H. EDWARDS, *Chairman*

J. A. PEARCE	ROBERT B. LITTON
W. E. KIDD	KERMIT E. WHITE
DAVID H. FRESHWATER	N. B. GRANTHAM, JR.
E. A. PEARSON	CHARLES T. BARKER
MAURICE B. RICHARDSON	J. J. HUNT

**Meetings:** The Committee held a meeting on May 12, 1975.

**Actions:** The Committee reviewed the rules, regulations and laws governing the dental health programs of the state agencies.

## Resolution

This report is informational in nature and no resolutions are presented.

### DENTAL CARE PROGRAMS COMMITTEE

#### Subcommittee on Peer Review

JAMES H. LEE, *Chairman*

W. H. PRICE	C. M. KISTLER
K. M. RAY	L. W. LEE
W. KENNETH YOUNG	

## Meetings

4/5/75 Raleigh, N. C.  
5/12/75 Pinehurst, N. C.  
6/6/75 Raleigh, N. C. re: Delta Dental and N. C. Medical  
Peer Review Foundation  
6/11/75 Goldsboro, N. C. re: Delta Dental and N. C. Medical  
Peer Review Foundation  
12/6/75 Raleigh, N. C.  
1/4/76 Raleigh, N. C. re: Committee on Policy for Group  
Funded Plans  
2/1/76 Raleigh, N. C. re: Committee on Policy for Group  
Funded Plans

## Reviews:

7/17/75 Pedodontic Review Committee  
7/24/75 Audit 73 cases for City of Charlotte Model Cities Program  
10/4/75 3rd District Review—2 cases

**Appointments:** Consultants appointed from each district for selection and utilization by third party companies.

## Resolution

This report is informational in nature and no resolutions are presented.

### DENTAL EDUCATION COMMITTEE

JOHN A. STEPHENS, *Chairman*

R. H. OWEN, JR.	J. W. GIRARD, JR.
G. S. ABERNETHY	A. L. POOVEY
HAROLD TWISDALE	DARDEN J. EURE, JR.
WALTER S. O'BERRY	R. W. ROBERSON
W. W. TUCKER	M. B. AUSLEY
PHILLIP SAVAGE	R. E. SPOON, JR.
L. R. CASHION	S. W. THOMPSON, III

GALEN QUINN

**Meetings.** During the winter of 1975-1976 every school with a dental educational program was visited by members of this committee. There are presently ten such schools: the University of North Carolina and nine schools in the Department of Community Colleges. The following report is a synopsis of the reports of those site visits.

#### University of North Carolina School of Dentistry

The administration and faculty met with the committee on November 7, 1975, and gave a very comprehensive report on the current status of the various programs at the School of Dentistry. The committee was again impressed by the completeness of these reports and with the ability and dedication of the administrators and faculty.

**Doctor of Dental Surgery Program.** The total patient care concept is well established and functioning well with instruction to foster this concept starting in the first year. Instruction in the Biological Sciences or Basic Sciences is given by clinical as well as basic science faculty, and gives the student the clinical relevance of basic science instruction. In total patient care, a patient is screened by a faculty member and the needs of the patient are matched by computer to the needs of students for treatment. Each patient is assigned to a student with a faculty preceptor who helps with the treatment planning for the patient. The main thrust of this system is to allow completion of patients by the assigned students before graduation. The beginning of the total patient care system evoked arguments concerning requirements versus completion of patients. A step forward in this regard was the issuance of a total patient completion guideline for the present Third Year Class, which insures that each student will complete a minimum of 20 patients in order to graduate.

Thus, there are requirements that are procedural or departmental in nature as well as a total patient requirement. The largest thrust at the present time in the clinical system is development of a grading system based on competency rather than completion of procedures. The School of Dentistry has developed a management program for the out-patient clinics that is recognized as foremost in dental education.

The physical facilities are adequate, strained, and place the School of Dentistry in a no-growth situation. The present class enrollment of 83 cannot be enlarged. Capitation grants and other financial support seems to be predicated on the ability to increase student enrollment. Requests for funds for additional office space, student facilities, and clinical areas have been requested through the legislature.

Faculty salaries are still well below the national level and are in the third quartile among dental schools in the southeastern states. If the School of Dentistry is to maintain the quality of the educational program it has developed, additional funds must be sought to supplement current salaries and additional clinical faculty must be available to the School. This increased support will only bring the school to a level commensurate with dental schools in the region.

The First Year Class has 83 members who were selected from 1042 applicants. 85 percent are from North Carolina and 12 are females. There are 330 dental students.

**Summary:** 1. The School of Dentistry is still No. 1.

2. Physical facilities which are strained at the present time and place the school in a no-growth situation.

3. Funds from lost capitation and other federal grants must be made up somewhere, somehow if quality of education is to continue.

4. Faculty salaries are low and help must come in this area.

5. Dean Raymond P. White, Jr., has introduced enthusiasm to the faculty and has been very responsive to student needs.

6. Dean White is a very strong supporter of the Manpower Study now planned by the NCDS and the Health Services Research Center. Data on available supply and distribution of dental manpower, the need for dental care, and the demand for dental health care will support the School of Dentistry's case as it seeks to determine and justify need for increased facilities and increased faculty, and help determine the number of dental students needed to meet the demand for dental care. The School of Dentistry supports the replication of the Fulton-Hughes Study, and has prepared a proposal requesting support for the total Fulton-Hughes Study to be submitted to various foundations.

**Dental Hygiene.** Eleanor A. Forbes is Director of this program. Present enrollment is 49 in the First Year Class, 45 in the Second Year Class, and 20 post-certificate degree candidates. Total enrollment is 114 students. Applications exceed admissions by a ratio of 5 to 1. The policy change to a pre-admission requirement of one year of college is still under consideration. Curriculum is proven, the calibre of instruction continues to be good, facilities are adequate. The extramural program at the V.A. Hospital in Fayetteville has been extended to include summer externships. Student-faculty relationships are good. Student interests in all aspects of the program continue at a high level.

**Dental Assisting.** Ethel Earle is Director of the program. Present enrollment is 57. The basic curriculum remains unchanged but elective courses have been added. All of the approved expanded duties of N. C. are incorporated into the curriculum. A survey to determine the amount of laboratory duties and bookkeeping and other business procedures the present day dental assistant is required to do is being prepared now, the results of which would assist in future needs of the curriculum. Requests for graduates exceed the number of assistants graduated. Clinical experience is achieved by rotating the students through the various clinical specialty area of the school while assisting the dental students.

**Dental Auxiliary Teacher Education—DATE.** Mary C. George is Director of the program. The total enrollment in the DATE Program is 23, 12 of these being from North Carolina, 5 are dental assistants, 16 are dental hygienists, and 2 dental laboratory technicians. Of the 28 graduates currently teaching in dental auxiliary programs, 9 are teaching in North Carolina. No major curriculum changes have accrued in the past year. Cooperating institutions that are participating in the DATE Internship Program are: Asheville-Buncombe Technical Institute, Fayetteville Technical Institute, Guilford Technical Institute, Wayne Community College, Technical Institute of Alamance, Durham Technical Institute, the University of North Carolina at Chapel Hill, Miami-Dade Junior College, and Westbrook College.

**Graduate Program.** Accredited graduate programs exist in all the recognized clinical dental specialties, and a General Practice Residency Program was added in 1975. Of the applicants, all with superior qualifications, 21 were accepted: Orthodontics—6, Pedodontics—3, Periodontics—4, Prosthodontics—3, Endodontics—2, Oral Surgery—3. High quality graduate programs are necessary in order to:

1. Provide needed care for the residents of North Carolina who require the services of a specialist.
2. Train future faculty members for the several dental specialties.
3. Promote research in the clinical department.



#### 4. Assist in recruitment of outstanding faculty.

**Research Program.** The major research effort in the Dental Research Center has been the Regional Dental Research Center Program. This program is federally funded, it is related to craniofacial growth and development, and is organized into six primary areas: Neural Mechanisms, Immunological Mechanisms, Biomaterials Research, Growth Mechanisms, Hemostatic Mechanisms, and Mechanisms of Mineralization. Principal investigators in R D R C P have appointments in the School of Medicine.

It can be said, that the excellent Graduate Program is made possible by the faculty that is attracted by the prestigious Dental Research Center. As these programs compliment each other the advantages are reaped by the dental student and thus the people of North Carolina.

#### Department of Community Colleges

Members of this committee met with the Directors of each of the nine schools with dental programs. The Chairman apologizes to these members for such severe editing of their fine reports, but due to a lengthy general discussion at the end of this report it was considered to be necessary.

**Technical Institute of Alamance.** The school is located in Burlington and is fully accredited. The staff includes Dr. Phillip Savage, Director; Mrs. Mildred Lynch, Program Director; Mrs. Margaret Hooper, CDA, part-time instructor; plus five dentists as part-time instructors. In December, 1975, TIA moved to a new facility. The Dental Assisting Department will have increased space and modern equipment.

**Asheville-Buncombe Technical Institute.** The school is located in Asheville and offers both dental hygiene and dental assisting programs. Dr. Baker M. Hamilton is Chairman of the Dental Curriculum, Jean Stines is Program Director of Dental Hygiene and Ann Evans is Program Director of Dental Assisting. There are 30 students in hygiene and 16 in assisting. The Hygiene Program has provisional accreditation, the results of an on-site visit in February, 1976, are not known, and the Assisting Program is Accredited.

**Coastal Carolina Community College.** The school is located in Jacksonville and offers both dental hygiene and dental assisting programs. Dr. S. A. Cordaro is Chairman of the Health Occupation Division, Irene Huffman is Program Director of Dental Assisting, and Anita Potts in Program Director of Dental Hygiene. There are 12 students in assisting and 31 in hygiene. The Assistant Program is accredited and the Hygiene Program is provisionally accredited.

**Durham Technical Institute.** The only Dental Laboratory Technology Program in the State is located in this institution and is directed by Mr. William L. Rodgers. There are 68 students in the two classes. The program is accredited.

**Fayetteville Technical Institute.** This institution offers both Dental Hygiene and Dental Assisting Programs. Dr. David Dunham is Director. 43 students are in the hygiene program and 17 in the dental assisting program. Consideration is being given to the possibility of establishing a Dental Laboratory Technology Program. Both programs are accredited.

**Guilford Technical Institute.** The school located in Jamestown and offers both dental hygiene and dental assisting. Dr. George Mayer is Director. 59 students are in hygiene and 25 are in assisting. Both programs are accredited.

**Western Piedmont Community College.** The school is located in Morganton and has a Dental Assisting Program. Dr. George Johnson is the Director. 20 students are enrolled. The program is accredited.

**Wayne Community College.** The school is located in Goldsboro and offers both dental assisting and dental hygiene programs. Dr. Fred Sproul is Director. 56 students are in hygiene and 18 are in assisting. The dental hygiene program has conditional accreditation and the dental assisting program is accredited.

**Central Piedmont Community College.** The school is located in Charlotte and offers both dental hygiene and dental assisting programs. Dr. Harry Snyder is Director. 70 students are in hygiene and 33 students are in assisting. The dental hygiene program has conditional accreditation and the dental assisting program is accredited.

**Summary and Discussion.** The committee found two dental hygiene programs which were accredited before the last site visit of the Accreditation Commission had been changed to conditional accreditation, a down grade. The committee also found that it was difficult or impossible for some programs to meet some requirement and guidelines for accredited programs as established by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. In these cases the accreditation guidelines differ from directives from the Department of Community Colleges. Areas involved are mainly in staffing, budgeting, and curriculum. **Staffing**—The legislature provides funding for health programs and non-health programs at the same level. This in many cases requires a teacher/student ratio much higher than recommended by the accreditation commission. **Budgeting.** Other than inquiring about the adequacy of financial support to the dental

programs, the committee thinks it presumptuous of the commission on accreditation to suggest changes in the financial structure of the individual schools, which is often dictated from the Department of Community Colleges or from the General Assembly. **Curriculum.** The committee finds a difference in educational philosophy existing between the commission on accreditation and the Department of Community Colleges. These differences exist in the dental hygiene curriculum. The findings to substantiate this belief were brought to the attention of the Department of Community Colleges. As the result of this, they say the need for and called a meeting of all directors of dental programs to discuss this matter, and to find out if the committee's belief was true. They have also asked for and obtained a meeting in March with the Accreditation Commission. The North Carolina Dental Society has a great interest in the outcome of these meetings. This committee can make a report on this at the May meeting.

The Education Committee feels its primary task in this matter was to inform the Department of Community Colleges of our findings and let them determine their course of action. This we have done. Likewise, by this instrument we inform the North Carolina Dental Society.

What can the North Carolina Dental Society do? Should they do anything? The committee feels the outcome of the meeting between the Accreditation Commission and the Department of Community Colleges will determine the course of action taken by the N.C.D.S. Some ramifications of these problems would overflow into the area of responsibility of the Legislative Committee, the State Board of Dental Examiners, and Delegates to the American Dental Association.

The committee noted that two schools, Fayetteville Technical Institute and Asheville-Buncombe Technical Institute are interested in starting Dental Technology Programs. The Executive Committee has asked this committee to study the need of another program in the state. This study is not complete at this time. The committee has asked Mr. William Rodgers, Director, Dental Laboratory Technology at Durham Technical Institute, to provide the following information: How many applications for each class—in state, out of state; how many accepted—in state, out of state; how many graduating; and, where are the graduates now—in state or out of state. The Dental Laboratory Relations Committee can provide some information on this matter and will be asked to share it with this committee.

**Conclusion.** The close cooperation of the North Carolina Dental Society, the School of Dentistry, and the Department of Community Colleges has resulted in a better profession for the dentists and the dental auxiliaries. Some aspects of this report are incomplete. This committee will continue its work but feels the committee next year will have some very important follow up responsibilities especially in close liaison with the Department of Community Colleges.

#### Resolutions

This report is informational in nature and no resolutions are submitted.

#### DENTAL EDUCATION COMMITTEE

##### Subcommittee on Continuing Education

WILLIAM H. PRICE, *Chairman*

ROGER E. BARTON	M. T. WOOD
ROY L. LINDAHL	CECIL PLESS
LARRY WILLIAMS	DAVID DUNHAM
HENRY DUNCAN	FRED CHANDLER
R. O. HAMKINS	GORDON TOWNSEND
JON COUCH	JAMES HANCOCK
WILLIAM L. HAND, JR.	BARBARA TALBERT
CAROLYN WOOD	LAURA JEANES

CAROLYN HILTON

**Meetings:** This Committee has not met formally during the past year, although discussion has occurred on an individual basis. Ideas were projected for consideration by the Continuing Dental Education Council established in November 1974.

**Assignments:** None.

##### Projections for Consideration:

1. The annual calendar of continuing education courses offered at University of North Carolina School of Dentistry is an excellent addition offering the membership a wide variety of courses for a six month period.

2. It is suggested that courses and programs offered across the state by study clubs, districts and component societies be submitted where possible to the Council for inclusion in the calendar.

3. It is suggested that courses be made available on week-ends as much as possible allowing minimal loss of office time.

4. It is suggested that courses be offered at local facilities on a weekly basis (6-8 weeks) allowing a qualified teacher to present a full procedure in depth and attendant participation.

#### Resolution

This report is informational in nature and no resolutions are submitted.

## DENTAL HEALTH COMMITTEE

ZENO L. EDWARDS, JR., *Chairman*

J. H. EDWARDS  
AL ROSEMAN  
E. J. BURKES

E. A. PEARSON  
JOE CAMPBELL  
DON CULP

KENNETH RAY

**Meeting.** The Committee held a meeting during the 1975 NCDS Meeting at Pinehurst.

**Assignments.** None. The Committee has been instrumental in a continuing study of people in state institutions. This work has been carried on by another committee under the leadership of Dr. Al Roseman.

### Resolution

This report is informational in nature and no resolutions are presented.

## DENTAL HEALTH COMMITTEE

### Subcommittee on Cancer

E. JEFF BURKES, JR., *Chairman*

SCOTT C. TOLBERT  
STUART FOUNTAIN

C. B. JONES, JR.  
W. G. QUARLES

**Meetings.** Members have been contacted by telephone and letter for the business of the committee.

**Assignments.** 1) To make the dentists of the state more aware of oral cancer.

2) To encourage organization of oral cancer detection clinics throughout North Carolina.

3) Encourage student interest in learning about oral cancer by establishing an award to be given to the second year student with the highest overall grade in Oral and General Pathology. A "continuous" plaque and subscription to an appropriate journal could be donated and maintained jointly by the American Cancer Society and the North Carolina Dental Society.

**Committee Activities.** 1) Members of the committee have spoken before various groups on the subject of Oral Cancer.

2) Active support of the North Carolina Jaycees is being pursued through prescribed avenues.

3) Support has been given by the North Carolina Heart Association for the institution of hypertension screening in conjunction with oral cancer screening clinics in North Carolina.

4) The committee chairman has represented the North Carolina Dental Society at American Cancer Society Executive Committee Meetings.

### Resolution

4. **Resolved**, that an award be established by the North Carolina Dental Society in conjunction with the American Cancer Society to honor the second year dental student at the University of North Carolina who has the highest overall grade in Oral and General Pathology.

## 1975-1976 REPORT COMMITTEE ON DENTAL HEALTH FOR INSTITUTIONALIZED PERSONS

IRVIN R. ROSEMAN, *Chairman*

ALTON L. SMITH  
EDWARD G. BOYETTE  
JACK MENIUS  
M. B. BUCKLAND  
H. C. BOWENS  
D. M. SCARBORO

HENRY DUNCAN  
GROVER PATE  
DENNIS RUSSELL  
PAUL FITZGERALD  
W. L. WOODARD, JR.

**Meetings:** The Committee met on May 13, 1975.

**Assignments:** The President of the North Carolina Dental Society, Dr. Harold E. Maxwell, asked that this committee visit the state institutions in North Carolina with dental facilities to determine if the political influence of this Society could aid in providing adequate services to its residents.

**Results of Study:** Dr. Bill Dennis, of the North Carolina Department of Corrections, provided the committee with the location of six dental clinics in his department. Dr. N. P. Zarzar, Director of Mental Health Services, provided the committee with the location of the eight dental clinics associated with the Department of Human Resources.

Each member of the committee was assigned to visit a facility and to prepare a report with the following information:

1. General condition of major dental equipment
2. Basic description of the facility
3. Type and number of staff
4. Available budget information
5. Availability of consultants such as specialists
6. Approximate number of dental patients served by the facility
7. Suggestions on how we can assist in improving dental care at that facility.

## CENTRAL PRISON DENTAL CLINIC

Raleigh, North Carolina

### Dental Staff

DR. CHARLES PRUITT, *Director*

DR. M. B. DIAMOND, *Staff Dentist—Provisional Intern License*

MR. JIM DUPRE, *Roving Assistant*

MR. C. T. TURNER, *Operating Room Assistant for Oral Surgery*

### Program

MR. PHIL DRAPER, *Clerk and Records*

The main dental clinic includes three operating rooms, a laboratory and sterilization area and records desk. Two operatories (utilized for the oral surgery residency program from Chapel Hill) and dark room are across the hall from the main dental clinic. The main clinic is approximately 600 square feet and the oral surgery clinic and dark room are approximately the same size. All equipment is reasonably good but could use up-dating. There is a department of corrections laboratory just outside the main gate that does the prosthetic work for the entire department of corrections. Two technicians and three inmates staff the laboratory.

The level of care appears to be of high quality, limited by the inability of the staff to keep pace with the demands (especially prosthetic) of the inmates who for the most part have had very little in the way of dental care. The facility serves approximately 1300 inmates and some 200 others who are processed monthly to other correctional centers throughout the state. With the limited staff and facilities they are just not able to provide all dental services to each inmate. It behooves the North Carolina Dental Society to use whatever influence available to expand the service to meet needs as much as possible. As far as we could determine there are no immediate plans to expand staff or facilities. They are caught in a budget squeeze as are most other state institutions.

The School of Dentistry at U.N.C. enjoys a relationship with Central Prison as mentioned above. The oral surgery residency program serves each weekday and is on call any time staff dentists are not on duty. The clinic also has senior dental students on block assignment during the school year and has a summer externship for dental students.

The facility has been good access to consultants and specialists.

Dr. Pruitt and his staff are doing an excellent job, but lack the adequate staff and facilities to have a complete program.

Submitted by: E. G. Boyette, D.D.S.; Alton Smith, D.D.S.

## TRIANGLE CORRECTIONAL CENTER

Raleigh, North Carolina

On the afternoon of August 27, 1975, I visited the Triangle Correctional Center in Raleigh, North Carolina. Dr. H. C. Bowens of Durham was to have assisted me in this survey but he was unable to be present. Dr. Robert Beam met me at the gate and was most cordial and helpful during the visit.

The dental clinic is basically a one room office with an adjoining private office and a very small dark room/storage room. The area was light and very clean and appeared to be orderly. The window air conditioning unit was not operating at this time and it was 90 degrees F. in the clinic. I was told that this unit fails to operate properly many times and requests to have it repaired have been unsuccessful.

The dental equipment appears to be several years old but very serviceable. The clinic was equipped with a dental unit, bracket arm mounted air turbine, lounge chair, x-ray unit, ultra-sonic tooth cleaning device, and up to date materials.

The dental office is staffed by one dentist and no dental assistants. The lack of help makes the use of some of the equipment very difficult. The dentist relates that he has a position available for a dental assistant but can find no female to work in the Center. He has requested enough upgrading of funds to provide a male nurse assistant, but these funds are not available.

The facility serves approximately 475 inmates at the Center plus around 1500 from five counties in the area that are brought in. The clinic load usually averages 12 to 14 patients per day. Heavy emphasis is placed on prosthetic appliances and surgery. The patients are generally well behaved and the honor grade variety.

Consultation service in oral surgery is readily available, but consultation in other dental specialties are unavailable. Medical consultations are usually available within one week.

Approximately \$1800.00 per year is available for dental supplies which is spent as necessary during the year. New or replacement equipment is very difficult to get since there is no dental input into the budget at this level. Major problems are handled through the Department of Corrections Dental Director.

The major problems which the North Carolina Dental Society might give support include:

1. Increase the money available to hire an assistant so that a male nurse could be hired in that position.
2. Provide additional help to do more dental duties such as running errands and delivering papers.
3. Increase the clinic size and hire an additional dentist and assistant.
4. Establish a preventive program with the help of the additional personnel requested since no program now exists due to staff limitations.

Submitted by: Jack A. Menius, D.D.S.; H. C. Bowens, D.D.S.



## **NORTH CAROLINA CORRECTIONAL CENTER FOR WOMEN Raleigh, North Carolina**

The North Carolina Correctional Center for Women was visited on October 16, 1975. Dr. Thomas Fetzter was contacted for information concerning the following:

1. General condition of major dental equipment—I found that this Center has one dental operatory with the following equipment in almost new condition: 1 Midwest American unit, 1 Litton lounge chair, 1 S. S. White x-ray (Space-Maker), 1 Midwest Quiet Air handpiece, 1 Sonus #2 Cavitron, 1 Pelton Crane Autoclave, 1 Wiggle-bug amalgamator, 1 Baldor lathe, 1 Vibrator.

2. The basic description of the facility. Located in the hospital in a large (approximately 15 by 20) room, two windows, northern exposure tile over cement floor with adequate waiting facilities.

3. Type and number of staff. 1 full trained D.A. (Linda Smith, presently on maternity leave), 2 part-time trainees.

4. Available budget information. Mr. Keil, Health Service Director at Central Prison was not available at this time. Thinking this might have been covered by the other committee member who visited Central Prison, I did not pursue this matter further.

5. Availability of consultants. There is a tie-up with the U.N.C. School of Dentistry, Department of Oral Surgery, who have Oral Surgery Interns on duty at Central Prison with one such Intern available nights and weekends.

6. Approximate number of dental patients served by the facility. 450. Dr. Thomas Fetzter volunteered that he was placing approximately 550 alloys and resins per month, 35 to 40 simple extractions per month, 12 units of denture work per month.

This is a catch-up program which will be completed by December of 1975. Following that time, Dr. Fetzter estimated that one to two days per week would keep the dental needs current.

Suggestions on how to assist in improving dental care. Dr. Fetzter states that they now have five dentists in the Prison System and have a request that this number be increased to eighteen. He states that budget cuts have ruled this out for the present. Dr. Fetzter feels that a permanent full-time dentist at this facility would assist in re-fining and enlarging the scope of dentistry offered.

I hope the above information will be of value to the committee in its drive to up-grade the dental care offered.

Submitted by: Paul Fitzgerald, D.D.S.

## **POLK YOUTH CENTER Raleigh, North Carolina**

After visiting the dental facilities at Polk Youth Center in Raleigh, North Carolina, I report:

1. The general condition of the major equipment is satisfactory. There are two complete operatory set-ups, consisting of a mobile Dentsply unit, S.S. White contour Chair, central suction, and mounted light. In addition, there is an old Ritter Chair used for impression taking and x-ray. There is a Phillips x-ray by this chair. The office contains a dark room and an adequate laboratory.

2. The dental facility is located in a mobile unit which seems to be large enough, well lit, and air conditioned. Along with the working area (three chairs) there is a dark room, small laboratory, and private office space.

3. The staff consists of Dr. Bill Dennis, his dental assistant, and one dental hygienist.

4. The dental budget is lumped in with the total Health Care budget. Dr. Dennis related that there is no problem with getting adequate supplies and equipment. The latter is authorized and budgeted by the Legislature.

5. Oral surgeons are provided by the U.N.C. School of Dentistry through a residency program. Some endodontics treatment is provided by the staff dentist.

6. There are five hundred inmates at the Polk Youth Center. Dr. Dennis sees 10-15 patients a day and the hygienist sees 6 patients a day.

In summary, the dental care at Polk Youth Center seems to be quite adequate.

Submitted by: W. L. Woodward, Jr., D.D.S.

## **MCCAIN RECEPTION CENTER McCaIn, North Carolina**

On Friday, August 29, 1975, Dr. Dennis Russell and I visited McCain Reception Center in McCain, North Carolina on behalf of the North Carolina Dental Society's Subcommittee for Dental Health for Institutionalized People. We met with Dr. Joel Pastore at 12:30 P.M.

The following were our findings: Equipment included an old stand-up dentistry type chair and old sparkplug type unit with adaptor for high speed handpiece. An x-ray unit, ultrasonic cleaner, 2 auto-claves, were among the other large equipment. There was one room equipped with one chair and a private office for Dr. Pastore. There was no suction unit at all for the operatory. This was a major complaint of Dr. Pastore. He had requested a suction several times but had never received one. The dental care consists of one operatory and a private office staffed by one dentist and one dental assistant.

There is no fixed budget for McCain. Equipment and supplies are requested. It often takes 6-8 weeks for supplies to be received and

this was also a major complaint. Dr. Pastore suggested a budget or better supply line was very essential to good dental care for inmates. Often needed procedures are postponed due to lack of adequate supply of ordered supplies. There was no consultation service available to Dr. Pastore.

There was between 180 and 280 inmates at McCain. About 2/3 were transient, raising the need for frequent dental care. Dr. Pastore also reported that on many occasions he treated patients from Wilmington prison and it often took from several hours to several days to arrange for a ride from Wilmington to McCain. Dr. Pastore was not sure but he did not think that Wilmington had a dentist at their unit.

Problems in the system were in or of severity:

1. Lack of any suction except saliva aspirator despite the fact that many oral surgery procedures are performed each day. A suction unit has been requested numerous times but he still has none.

2. Ordering system is very poor because of the fact that there is no budget and it takes from 6 to 8 weeks to get supplies. Dr. Pastore said that part of the problem was that the State had accepted bids and had to wait a long time to go through all the different administrative to get supplies.

3. There was a lack of communication with medical personnel at McCain. This was reported as a problem also.

Submitted by: Henry D. Duncan, D.D.S.

## **WESTERN CORRECTIONAL CENTER Morganton, North Carolina**

The Western Correctional Center is an institution for young men between the ages of fourteen and eighteen. There are approximately 500 patients at this facility who are referred to as residents for which the center is responsible. This is a two chair clinic with two staff dentists, Dr. Guy Hutchens and Dr. George Johnson. At the present, there is a full time hygienist and a full time assistant. The office is equipped with one x-ray unit at the hygiene position but none at the dentist position. The facility is approximately 600 square feet and there is also a small reception room. The staff felt like things were well in order, however, it is somewhat of an inconvenience to go to the x-ray room which is down the hall about 30 feet. They also felt like another full time assistant would be adequate but there seems to be somewhat of a problem securing personnel at this facility.

Submitted by, Irvin A. Roseman, D.D.S.

## **BROUGHTON HOSPITAL Morganton, North Carolina**

I visited Broughton Hospital on October 23, 1975 and was greeted by a fine lady dentist, Dr. Erica Mazitis. This facility appeared to me to be the most antiquated that I have ever visited. I felt like the conditions were certainly substandard considering that the facility was responsible for the treatment of approximately 2100 patients. Considering this fact, this institution should be far better equipped than it is.

In conference with the director of clinics, Dr. Robert Jessup, I learned that there are plans for a future dental clinic with larger dental facilities and possible six operatories. Dr. Jessup plans to contact Dean Raymond White of the University of North Carolina School of Dentistry in order to see if the facility could accommodate dental students on a rotary basis.

It was our suggestion that Dr. Jessup contact the School of Dentistry as soon as possible in order that the school could play a part in the planning of the new facility and allow the rotation system to take place.

They also have the task of deciding on the equipment that they wish to have and they have to draw up the plans. This is where we feel that the Dental School could offer suggestions. Right now there are only two operatories. The radiograph equipment is very poor and it is hard to make any suggestions as to the political influence of the North Carolina Dental Society since this institution appears to be in a transient stage. With proper funding and planning, I feel that Broughton Hospital will be able to offer their patients better routine and preventive dental care in the near future.

Submitted by: Irvin A. Roseman, D.D.S.

## **CHERRY HOSPITAL Goldsboro, North Carolina**

I have visited Cherry Hospital at Goldsboro as I was asked to do. I am going to list the deficiencies that I think should be corrected in order to make it a better Dental Service:

1. Another full-time dentist should be hired. There is no way that Dr. Smith can do the job that needs to be done by himself.

2. The facilities, space-wise, are inadequate. They do not have a reception room and the patients have to wait out in the hall. The clinic itself is also too small and cramped and Dr. Smith's office is down the hall and not adjacent to the clinic.

3. Dr. Smith needs a Pan-O-Rex X-ray machine for initial examinations and screening purposes. His x-ray equipment is quite antiquated.

4. The dental equipment, while perhaps adequate, needs up-grading also. This in itself might help in recruiting another dentist.

5. Dr. Smith also needs another secretary-assistant, particularly if another dentist can be hired.



6. Dr. Smith needs to have more input into budgetary planning for his department. It seems that he has very little to say about equipment and supplies funds allocated to his department. He also needs to have some money set aside for continuing education (and travel) for him and his assistants.

These are the major areas that need improving at Cherry Hospital. He has recently received some consultant services from U.N.C. School of Dentistry which we hope will eliminate another deficiency which Cherry has had in the past. I think that Dr. Smith is a very capable and dedicated dentist who is quite conscientious about his work. He had an affiliation with the Wayne Technical College at Goldsboro, and is helping with the training of oral hygienists, and at the same time getting some help in preventive dentistry from the school. I think he is doing an excellent job when you consider the deficiencies that I have noted above.

Submitted by: Alton L. Smith, D.D.S.

#### **DOROTHEA DIX HOSPITAL Raleigh, North Carolina**

On October 16, 1975, I visited Dorothea Dix Hospital in Raleigh, North Carolina and was greeted by Dr. Smith.

Dr. Smith stated that a new dental clinic was under construction but we should look at the temporary quarters being used. The temporary quarters contain three dental units—one old S.S. White unit, two relatively new Weber units. If funds allow, Dr. Smith hopes that the S.S. White unit will be replaced.

Other facilities include a dark room, supply room, working space for dental assistants, and private offices for two doctors serving permanently. Dr. Smith stated that although these facilities are temporary, they are adequate for the time being.

The staff consists of two doctors, two assistants, two students from the University of North Carolina for a forty week period and one hygienist from the University of North Carolina during the summer months. Also on the staff is a consulting team of periodontists and oral surgeons. The oral surgery staff spends one day a week at the clinic.

The clinic serves from 650 to 700 patients per month. All patients admitted to the hospital are screened by the dental clinic.

Dr. Smith stated that the greatest need is for assistant and clerical personnel. The second need is for a Panorex X-ray Machine which would aid in pathological findings and other dental treatment.

He stressed that funds for equipment come out of capital out lay from the General Assembly. Therefore proper pre-planning is necessary before the budget is completed or presented to the General Assembly in order to purchase dental equipment.

Submitted by: H. C. Bowns, D.D.S.

#### **JOHN UMSTEAD CENTER Butner, North Carolina**

Basic description of the facility: Facility includes an open bay design with four treatment centers in addition to a dark room, a laboratory, a sterilization alcove, two offices and a reception area. All of this is housed in approximately 700 square feet of space.

The general condition of major dental equipment: The major dental equipment is relatively new, there being two Ritter units and two Roland units with Virginia chairs at the Roland units. Two dental x-ray units are situated so as to service all four bays. The equipment is up to date and in a good state of repair.

Type and number of staff: The present staff at the John Umstead Center includes Dr. Edward Boyette, Director, Dr. Hal T. Smith, Jr., Staff Dentist, Lena Gooch, Dental Assistant, and Mary Ruth Johnson, Dental Assistant.

Available budget information: Dr. Boyette states that the John Umstead Center is co-operative in providing the needed materials and supplies, however, their hope is for a new position to provide dental hygiene services.

Availability of consultants such as specialists: Dr. Boyette advises me that questionable oral lesions are referred to the ENT Service and that oral surgical services are provided by Dorothea Dix Hospital surgeons. Our continuing good relationship with the Dental School at Chapel Hill provides for other necessary specialty consultations when needed.

Approximate number of dental patients served by the facility: Although highly variable and dependent upon the number of the new entries to the hospital, it seems that an average of 400 patient visits are managed each month.

Suggestions on how we can assist in improving dental care at the facility: Dr. Boyette suggests that the only need at this time is for a permanent dental hygienist to be part of the staff to provide dental hygiene services on a daily basis.

Submitted by: Michael B. Buckland, D.D.S.

#### **CASWELL CENTER Kinston, North Carolina**

On Thursday, August 14, 1975 I visited the Caswell Center Dental Clinic in Kinston, North Carolina. My visit was graciously accepted by Dr. Hale and his staff.

The basic information compiled on this institution is as follows:

1. The equipment appears to be ten years old or older.

2. It has two operatorys and one room is approximately 12 feet by 15 feet for the dental hygienist.

3. As far as staff, there is one staff dentist, one hygienist and two assistants (one for the hygienist and one for the dentist).

4. Area is located on basement floor of one of the center's main buildings.

5. The basic condition of the building is fair to poor. NOTE: In operatorys large areas of peeling plaster are readily noticed.

6. According to Dr. Hale, the Dental Department is not included in actually setting up a budget, however, he said that all materials requested by the Dental Clinic were granted. He did not or could not quote any general or specific figures as for the Dental Clinic's annual budget was concerned.

7. There are no consultants on staff at the present. A resident in oral surgery was supposed to start visiting the clinic on certain days during the month sometime in the future.

8. The clinic serves approximately 1500 patients, seeing them once, annually.

9. As far as recommendations, it was expressed that a Panorex x-ray machine would greatly enhance the clinic's service to the patients.

I personally feel that consultants in all the major areas of dentistry should be on the staff, probably on a part-time basis.

Submitted by: Douglas M. Scarboro, D.D.S.

#### **MURDOCH CENTER Butner, North Carolina**

Generally speaking, I found the overall conditions excellent and was very impressed with the operation of this facility. However, in accordance with the requested information, the following observations are offered in the categories as stated:

1. General condition of major dental equipment: Condition of equipment is good. The facility has a five chair unit for dentists; a three chair unit for dental hygienist; a panorex x-ray unit; a small laboratory unit and a separate operating room for general anesthesia.

2. Basic description of the facility: The facility is located in the infirmary building and the space is adequate. The location is excellent in that it is located within the medical area of the facility.

3. Type and number of staff: The staff consists of: two dentists; two hygienists; four dental assistants; one anesthetist on call when needed; four part-time dental students during the first school semester; five part-time dental hygienists during the second school semester, and secretarial help.

4. Available budget information: Dr. Menius states that his budget is adequate to carry on the present program. He would like to have additional monies for crown and bridge and prosthetic appliances. Also, he would like additional monies for a larger library and for continuing education equipment for the staff. He would like to be able to have one additional dentist and two additional dental assistants as administrative time has reduced his working time with patients approximately fifty percent.

5. Availability of consultants, such as specialists: Murdoch Center is associated with the North Carolina Dental School; therefore, consultants are available from the dental school.

6. Approximate number of dental patients served by the facility: The facility serves approximately 1250 patients at the Center in addition to dental services to residents of the community on a fee basis.

7. Suggestions on how we can assist in improving dental care in that facility: Dr. Menius states that he would like to have the budget increased for items listed in paragraph #4.

In conclusion, I find that dental health standards are being met quite adequately at Murdoch Center. I hope that the above information is satisfactory.

Submitted by: Grover C. Pate, D.D.S.

#### **O'BERRY CENTER Goldsboro, North Carolina**

1. General condition of dental equipment:

- a. Hygiene Room—good condition
- b. Cripple Children's Dental Unit—dated equipment, most not workable

c. Restorative operatory—old unit not functioning at present

2. Description of the facility:

- a. Main clinic area
  - 2 operatorys
  - 1 storage room
  - 1 dark room
  - 1 x-ray unit

- b. Cripple Children's Unit
  - hygiene unit
  - no x-ray unit
  - 1 storage room

3. Type and number of staff:

- a. 2 Dentists (by June 1976)
- b. 1 Hygienist
- c. 3 Dental Assistants

4. Budget information:

- a. Not on a budget
- b. Must requisition all supplies and equipment

- a. Consultants:
    - a. Available from community
    - b. 1 Pedodontist
    - c. 1 general practitioner
  6. Number of patients served by this facility: 700
  7. How to improve facility:
    - a. Talk to administrative heads
    - b. Replace outdated facility
- Submitted by: Dennis B. Russell, D.M.D.

### WESTERN CAROLINA CENTER Morganton, North Carolina

This was one of the best equipped institutions I have ever had the opportunity to visit. This can be accredited to Dr. George Johnson, the staff dentist. He works here part-time, teaches part-time and also works at the Western Correctional Center. There are 600 resident patients and approximately 200 outpatients for which the facility is responsible. The equipment is very modern. The clinic has four operatories, two rooms for hygienists, with one operatory set up to administer general anesthetic. They have an automatic developer. They also have one hygiene room that is not utilized due to the fact that they are unable to get another hygienist. At the time there is not sufficient money to do so. There is a conference room that is about 2000 square feet and private offices for each doctor. The problems that seem to be the most prevalent are salaries, which they feel are not comparable to those in a private practice. In addition, it's difficult to get a resident dentist to the facility because a resident physician is making \$12 thousand annually while a resident dentist is only making \$9 thousand. This seems to be the most difficult problem.

There is also possibility that we could have students rotate through this facility.

Submitted by: Irvin A. Roseman, D.D.S.

**Resolution:** "This report is informational in nature and no resolutions are presented."

### DENTAL LABORATORY RELATIONS COMMITTEE

VICTOR L. ANDREWS, JR., *Chairman* (1980)

JAMES A. PRIVETTE (1976)

D. F. HORD (1978)

ROBERT A. GEORGE (1977)

W. KENNETH YOUNG (1979)

**Meetings:** The Committee held meetings on April 15, 1975, (with representatives of the N. C. Dental Laboratory Association), May 12, 1975 (with Mr. Robert Howison), May 14, 1975 (with the Executive Committee of the N. C. Dental Society); May 26, 1975 (with representatives of the N. C. Dental Laboratory Association, the N. C. State Board of Dental Examiners, and the executive committee of the N. C. Dental Society). The chairman met on October 27, 1975, with Dr. John B. Sower (N. C. State Board) and Dr. R. B. Barden (Executive Committee of the N. C. Dental Society) and met again with the aforementioned along with Dr. Mitchell W. Wallace (Chairman of Executive Committee N. C. D. S.) on November 14, 1975. A considerable amount of committee business was transacted by telephone, correspondence, and personal contact with interested parties.

**Assignments:** The N. C. D. S. House of Delegates (1975) approved the recommendations from this committee to work on statutory regulation of dental technicians in consultation with the leval advisors of the N. C. D. S. and the N. C. D. A. and to introduce said regulations into the N. C. State Legislature for action into law.

**Results of Study and Committee Actions:** HB 1132: A bill entitled "An Act to Provide for the Registration of Dental Laboratory Technicians and Dental Laboratory Operators" and designated H. B. 1132 was introduced into the General Assembly of N. C. on May 21, 1975, through the efforts of Mr. Howard Twigg, legal counsel for the N. C. D. L. A. with approval of the Executive Committee of the N. C. D. S. This bill did not have the approval of the N. C. State Board of Dental Examiners. H. B. 1132 was referred to the Rules Committee of the House of Representatives and action was postponed indefinitely. A copy of H. B. 1132 is attached to this report.

**N.C.D.S. Executive Committee Action:** Dr. Harold Maxwell, President, N.C.D.S., appointed Dr. R. B. Barden, member of the Executive Committee, to work to resolve the differences existing among all parties. The N.C.D.L.A. declined to enter into further discussions indicating that they felt such action would be futile. Communications with representatives of the N. C. State Board have resulted in no resolution of differences.

**N. C. State Board:** This committee has been unable to determine the specific objections of the N. C. State Board to H.B. 1132. Positive action by the State Board toward solution of the problem of regulation of the dental laboratory industry consists (in the knowledge of this committee) of a "card file" of laboratories and their locations obtained from a questionnaire included with the latest license renewal application for dentists, and a plan to set up a "liaison committee" with the laboratory industry at some future time along the lines of the "liaison committee" with the N. C. Dental Hygienists Association. The State Board believes it can adequately regulate the dental laboratory industry in N. C. without legislation.

**Status of N. C. D. L. A.:** The N. C. Dental Laboratory Association feels that further discussions on this matter without positive concessions on the part of the State Board are futile. They believe the

"Card file" and Liaison Committee" plans of the State Board will be ineffective in the solution of the problem and they will not lend their cooperation to such efforts. They will consider supporting H.B. 1132 in the next General Assembly but would have to "take a second look" at some of the wording as it now exists. They are presently "monitoring" actions on the part of laboratory groups in other states and in particular New York and Florida where they are "going for positive legislation."

**Dental Laboratory Education:** Concern has been expressed to this committee by the N. C. D. L. A. over the arbitrary increase of enrollment of dental technician students at Durham Tech and the efforts to establish new schools of dental technology in Asheville and Fayetteville. The main concern centers around the failure to determine if a need exists in N. C. for mass education of dental technicians.

**Recommendations:** The Dental Laboratory Relations Committee of the N.C.D.S. recommends that the House of Delegates of the N.C.D.S. again approve H.B. 1132 and instruct the Legislative Committee of the N.C.D.S. to re-introduce H.B. 1132 into the next N. C. General Assembly and to make every effort to assure it's passage into law.

This committee also recommends that the House of Delegates of the N.C.D.S. instruct the Dental Education Committee of the N.C.D.S. to perform a thorough study of the program for the education of dental laboratory technicians in N. C.

### Resolution:

**10. "Resolved,** that the recommendations of the Dental Laboratory Relations Committee of the N.C.D.S. to implement the passage into law of H.B. 1132 and to undertake a study of dental technological education in N. C., be approved and adopted by the House of Delegates of the N.C.D.S."

### HOUSE BILL 1132 REGISTRATION OF DENTAL LABS

May 21, 1975

#### A BILL TO BE ENTITLED

### AN ACT TO PROVIDE FOR THE REGISTRATION OF DENTAL LABORATORY TECHNICIANS AND DENTAL LABORATORY OPERATORS

The General Assembly of North Carolina enacts:

Section 1. The practice of dental laboratory technology in the State of North Carolina is hereby declared to affect the public health, safety and welfare and to be subject to regulation and control in the public interest.

Sec. 2. No person shall engage in the practice of dental laboratory technology, function as a dental laboratory technician, or operate a dental laboratory, all as hereinafter defined, or offer or attempt to do so, unless such person is duly registered or certified by the North Carolina Board of Dental Examiners pursuant to the provisions of this Article.

Sec. 3. Definitions. The following definitions shall be applicable for all purposes of this Article:

(a) Dental laboratory technology: The extra oral procedures of constructing, making, altering or repairing, relining or duplicating of dental prosthetic or orthodontic appliances.

(b) Dental laboratory technician: The persons performing dental laboratory technical work other than dentists shall be referred to as dental laboratory technicians and they are individuals (1) who have successfully completed a two-year educational program in a school of dental laboratory technology accredited by the Council on Dental Education of the American Dental Association, the National Board of Certification (an agency of the National Association of Dental Laboratories) or such other educational program which is approved by the State Board of Dental Examiners; or (2) who have a minimum of three years experience in the dental technological field under the direct supervision of a licensed dentist or a registered dental laboratory technician. The training or experience may be in one or more of the dental technical areas. It shall be the responsibility of the Dental Laboratory Commission, as hereinafter defined, to classify dental laboratories, dental laboratory technology, and dental laboratory technicians into prosthetic, orthodontic, full or complete dentures, partial denture, crown and bridge, ceramic and such other classifications, areas, fields and specialties as the commission may find to be conducive to implementing the provisions of this article and to advancing the art and science of dental laboratory technology furnished to the licensed dentist.

(c) Commercial dental laboratory: A commercial dental laboratory is an individual, firm, corporation or organization engaged in the fabrication, manufacture, processing or repair of prosthetic dental appliances, ceramic or plastic teeth encapments, cast metal appliances, dental inlays, dental bridges, orthodontic corrective appliances, and other types of oral restorations on the authorized work order or prescription of a licensed dentist. A dental laboratory technician employed in a dental office who does not accept laboratory work from outside of that dental office shall not be deemed to be operating a commercial dental laboratory.

(d) Dental laboratory operator: A dental laboratory operator or manager is a dental laboratory technician who is directly responsible for the day-to-day operations of a dental laboratory. To qualify, he will be expected to complete examinations in two or more technical



areas. This will not preclude a dental laboratory operator from supervising a laboratory in which all types of dental appliances or restorations are produced. A dental laboratory operator or manager will be directly responsible for the quality of laboratory products made within his laboratory or under his supervision.

(e) Certified dental laboratory technician: A certified dental laboratory technician is a dental laboratory technician who has gained optimum skills and knowledge from either five years of on-the-job training and related reading and clinic attendance, or two years of formal dental technological education and three years practical experience and who has successfully passed the examination of the National Board of Certification, an agency of the National Association of Dental Laboratories. Each year, the certified dental laboratory technician must recertify, submitting evidence of seven hours of clinic attendance, or 15 hours of approved reading, or the presentation of an original technical clinic, or authorship of an original technique text.

(f) Registered dental laboratory technician: An individual who has met the requirements and qualifications and who has successfully passed the examinations required by the North Carolina State Board of Dental Examiners, or who has qualified under the "grandfather clause" of this act and who has been duly registered by said board and authorized to perform dental laboratory technology in North Carolina.

#### Sec. 4. Necessity for Registration and Examination.

(a) No person shall engage in the practice of dental laboratory technology as a registered dental laboratory technician or a certified dental laboratory technician or shall operate a dental laboratory or offer or attempt to do so unless such person is duly registered or certified by the North Carolina State Board of Dental Examiners pursuant to the provisions of this Article.

(b) The Board of Dental Examiners shall issue a certificate of registration to those applicants who pay the authorized application and registration fees, who pass the examination for registration and who submit evidence verified by oath and satisfactory to the said board and to the Dental Laboratory Commission that the applicant (1) is at least 21 years of age; (2) is of good moral character; (3) has met the educational, training and experience requirements set forth in the definition of the area in which registration is applied for.

Sec. 5. Waiver of Requirements. Prior to January 1, 1976, the board shall waive the examination for registration of applicants who are otherwise fully qualified hereunder and in the case of dental laboratory operators who have been thus fully qualified and conducting the business of a dental laboratory operator for one or more years before the date of ratification of this Article. Further, any person conducting the business of a dental laboratory operator but who has done so for less than one year before the date of ratification of this Article and who would otherwise be qualified for registration under this section shall be allowed to continue in the business thus conducted without registration provided that he successfully passes the first examinations in the technical areas requested by him and thereafter until he has conducted such business for one year.

Sec. 6. Dental Laboratory Commission. There is hereby created a Dental Laboratory Commission within the framework of the North Carolina State Board of Dental Examiners to be responsible under the provisions of this Article for all matters pertaining primarily to dental laboratory technology and dental laboratories. This commission shall be composed of six technician members appointed by the State Board of Dental Examiners from a list of not less than 12 certified dental laboratory owners and dental laboratory technicians selected by certified dental laboratory owners and dental laboratory technicians as hereinafter provided.

Four technician members of the Dental Laboratory Commission shall be laboratory owners, two technician members shall be laboratory technicians who are not dental laboratory owners. Technician members of the commission shall serve three-year staggered terms. Of the first members appointed to such commission, two shall serve for one year, two shall serve for two years, and two shall serve for three years. The length of each term of those initially appointed shall be designated by the board at the time of appointment.

Each technician member of the commission shall be appointed from a list of two nominees for each appointment and certified to the board by the North Carolina Dental Laboratory Association as qualified for such appointment.

Subsequently, technician members will be nominated for staggered three-year terms by registered dental laboratory technicians pursuant to rules and regulations of the board which shall be substantially similar to those set forth in G.S. 90-22, and subsequently appointed by the board.

Two licensed dentists shall be nominated to serve on the Dental Laboratory Commission by the Executive Committee of the North Carolina Dental Society and subsequently appointed by the Board of Dental Examiners. The length of each term of those initially appointed will be designated by the board at the time of appointment. One dentist member shall serve a term of two years and one shall serve a term of four years, subsequently, dentist members shall be nominated for appointment by the board for a four-year term each two years.

#### Sec. 7. Respective Duties and Responsibilities of Commission and Board.

(a) Duties and responsibility of commission.

(1) To draft and recommend to the board all rules, regulations, registration requirements and fee schedules affecting dental laboratories, dental laboratory technology, and dental laboratory technicians together with any provisions or modifications thereof.

(2) To advise the board on all matters concerning dental laboratories, dental laboratory technology, and dental laboratory technicians referred to it by the board and to initiate such advice on all such matters deemed by it significantly to affect the public welfare.

(3) To conduct examinations not less frequently than once each calendar year to test the fitness of applicants to become registered as dental laboratory technicians or dental laboratory operators. Such examinations shall be written or oral and clinical and shall be conducted by a panel composed of not less than a majority of the members of the commission. The proposed written examination and the scope of the oral and clinical examination shall be submitted to the board for its prior approval and only such examination as is thus approved shall be given.

(4) To certify the results of each such examination to the board together with the recommendation of the commission as to the qualification of each such applicant for registration. If any applicant is deemed by the commission to have cheated or engaged in deception or fraud either in his application or in taking the examination, the relevant facts thereon shall be reported to the board with the recommendation of the commission.

(b) Duties and responsibilities of board.

(1) To refer to the commission for drafting and recommendation all matters concerning rules, regulations, registration requirements and fee schedules affecting dental laboratories, dental laboratory technology, and dental laboratory technicians. The recommendations and the drafts thereof submitted by the commission shall be approved or rejected by the board in whole or in part, but the board shall not adopt such rules, regulations, registration requirements and fee schedules except as recommended by the commission.

(2) To seek the advice of the commission and to study and consider the advices and recommendations made to it by the commission pursuant to (a) above.

(3) To approve or disapprove each proposed examination and registration of dental laboratory technicians or dental laboratory operators submitted to it by the commission, and, if disapproved, to inform the commission as to the details of the examination which the board deems appropriate for such testing.

(4) To consider the results of examinations certified to it by the commission and to determine which applicants shall be registered after first consulting with the examining panel.

All communications between the board and the commission pursuant to their respective duties and responsibilities as hereinbefore set forth shall be in writing.

#### Sec. 8. Renewal of Registration.

(a) The board shall issue annual renewal certificates to registered dental laboratory technicians, certified dental laboratory technicians, and dental laboratory operators.

(b) The board shall have the authority to establish by its rules and regulations:

- (1) The form of application for renewal certificate;
- (2) The time the application must be submitted;
- (3) The type of certificate to be issued;
- (4) How the certificate must be displayed;
- (5) The penalty for late application; and
- (6) The automatic loss of registration if applications are not submitted.

#### Sec. 9. Disciplinary Measures.

(a) The North Carolina State Board of Dental Examiners shall have the power and authority to:

(1) Refuse to issue a certificate of registration to practice dental laboratory technology;

(2) Refuse to issue certificate of renewal to practice dental laboratory technology;

(3) Revoke or suspend a certificate of registration to practice dental laboratory technology;

(4) Invoke such other disciplinary measures, censure or probative terms against a registrant as it deems proper in any instance or instances in which the board is satisfied that such applicant or registrant:

(i) Has engaged in any act or acts of fraud, deceit or misrepresentation in obtaining or attempting to obtain a certificate of registration or the renewal thereof;

(ii) Has been convicted of any of the criminal provisions of this Article or has entered a plea of guilty or nolo contendere to any charge or charges arising therefrom;

(iii) Has been convicted of or entered a plea of guilty or nolo contendere to any felony charge or to any misdemeanor charge involving moral turpitude;

(iv) Is a chronic or persistent user of intoxicants, drugs or narcotics to the extent that the same impairs his ability to practice dental laboratory technology;



(v) is incompetent in the practice of dental laboratory technology; (vi) Has willfully engaged in any act or practice violative of any of the provisions of this article or violative of any of the rules and regulations promulgated and adopted by the board, or has willfully aided, abetted, or assisted any other person or entity in the violation of the same;

(vii) Has committed any fraudulent or misleading acts in the practice of dental laboratory technology.

(b) Prior to taking any action hereunder, the board shall appoint a panel composed of not less than one Dental Laboratory Commission member and one board member to investigate and report its findings to the board which shall consider the same; provided, that the panel shall contain not less than one-half commission members. No action shall be taken by the board unless recommended by the investigating panel.

Sec. 10. Opportunity for Registrant or Applicant to Have Hearing. (a) Every applicant for registration to practice dental laboratory technology shall after notice have an opportunity to be heard before the North Carolina State Board of Dental Examiners shall take any action the effect of which would be:

(1) To deny permission to take an examination for registration for which application has been duly made; or

(2) To deny registration after examination for any cause other than failure to pass an examination; or

(3) To withhold the renewal of a certificate of registration for any cause other than failure to pay a statutory renewal fee; or

(4) To suspend a certificate of registration; or

(5) To revoke a certificate of registration; or

(6) To invoke any other disciplinary measure, censure or probative terms against a registrant, such proceedings to be conducted in accordance with the provisions of Chapter 150A of the General Statutes of North Carolina.

(b) In lieu of or as a part of such hearing and subsequent proceedings, the board is authorized and empowered to enter any consent order relative to the discipline, censure, or probation of a registrant, or an applicant for a certificate of registration, or relative to the revocation or suspension of a certificate of registration.

(c) Following the service of the notice of hearing as required by Chapter 150A of the General Statutes, the board and the person upon whom such notice is served shall have the right to conduct adverse examinations, take depositions, and engage in such further discovery proceedings as are permitted by the laws of this State in civil matters. The board is hereby authorized and empowered to issue such orders, commissions, notices, subpoenas, or other process as might be necessary or proper to effect the purposes of this subsection; provided, however, that no member of the board shall be subject to examination hereunder.

Sec. 11. Fees. In order to provide the means of carrying out and enforcing the provisions of this Article and the duties devolving upon the North Carolina State Board of Dental Examiners, it is authorized to charge and collect fees established by its rules and regulations not exceeding the following:

(1) Each applicant for examination not more than twenty-five dollars (\$25.00).

(2) Each original certificate of registration or renewal thereof for a dental laboratory technician or certified dental laboratory technician not more than thirty-five dollars (\$35.00).

(3) Each dental laboratory operator not less than ten dollars (\$10.00) nor more than one hundred dollars (\$100.00) for each dental laboratory operated by him for each original certificate of registration and for each certificate of renewal thereof. The board shall annually furnish to the commission on or before July 1st of each year an accounting for the receipts and expenditures of all fees received by it and no funds received from such fees shall be expended for any purpose other than the administration of this Article.

Sec. 12. Exemptions to the Practice of Dental Laboratory Technology.

(a) The acts, practices, functions or operations which under definitions of this Article would otherwise be deemed as to the practice of dental laboratory technology shall not constitute such practice when performed:

(1) By a dentist duly licensed to practice in the State of North Carolina;

(2) By an employee of a duly registered dental laboratory operator working as an apprentice or trainee in the field of dental laboratory technology under the direct supervision of a registered dental laboratory technician, certified dental laboratory technician or dentist licensed to practice in the State of North Carolina.

Sec. 13. Unregistered Employees. Each dental laboratory operator shall furnish annually to the board and to the commission pursuant to board regulation a list of all employees of the commercial dental laboratory of which the dental laboratory operator is the owner or manager other than dental laboratory technicians.

Sec. 14. Prohibited Acts. Nothing contained in this Article shall be deemed to revoke, modify, or amend any of the provisions of G.S. 90-29.1 and G.S. 90-29.2. Nothing contained in this Article shall be deemed to permit any dental laboratory operator or commercial dental laboratory from dealing directly with any member of the

public or furnishing any services which are restricted by law to licensed dentists.

Sec. 15. Sanitary Standards. The board by its rules and regulations may promulgate minimum sanitary standards for commercial dental laboratories and otherwise to effectuate the provisions of this Article.

Sec. 16. Violation a Misdemeanor. Any person who shall violate or aid or abet another in violating any of the provisions of this Article shall be guilty of a misdemeanor and upon conviction shall be punished in the discretion of the court.

Sec. 17. Enjoining Unlawful Acts. The practice of dental laboratory technology by any person not authorized so to do by this Article is hereby declared to be inimical to the public health and welfare and to constitute a public nuisance. The Attorney General of the State, the district attorney of any judicial district, the North Carolina State Board of Dental Examiners in its own name, or any citizen of the State may maintain an action in the name of the State of North Carolina to perpetually enjoin any person from so unlawfully practicing dental laboratory technology or from the doing, committing, or continuing such unlawful act. This proceeding shall be in addition to, not in lieu of, criminal prosecution or proceedings to revoke or suspend registrations as authorized by this Article.

Sec. 18. This act shall become effective on January 1, 1976.

## Special Committee

### STUDY COMMITTEE ON EXPANDED DUTY DENTAL AUXILIARIES

D. F. HORD, *Chairman*

WILLIAM H. PRICE

JAMES B. LYON

BOBBY C. RAYNOR

H. WAYNE RIDOUT

**Meetings:** The Committee held meetings on May 13, October 4, and December 6, 1975.

**Assignment:** The 1974 House of Delegates adopted the following resolution:

**11-1974-H. Resolved,** that the President of the North Carolina Dental Society immediately appoint a five member committee, one member from each District to:

a. Collect all research data from all sources pertaining to expansion of auxiliary,

b. To study and propose ways our auxiliary duties should be expanded in North Carolina,

c. Study and propose ways of educating our present auxiliaries to these expanded duties.

The Committee conducted this study and made its report to the 1975 House of Delegates of the North Carolina Dental Society. The Committee's report was adopted and is in the "Gold Book" of Reports, 119th Annual Session, 1975, pages 141-145. The Committee's report was also published in the NORTH CAROLINA DENTAL JOURNAL, Vol. 58, No. 2, Spring 1975, pages 47-48. Reference is made to this 1975 report because the present report is a continuation.

The 1975 House of Delegates adopted the following resolution:

**4-1975-H. Resolved,** that the President of the North Carolina Dental Society appoint a five member committee, similar to the present committee, to continue the investigation of research data as it becomes available to find more complete answers to the original charge and also to the additional questions this Committee has raised.

**Results of Study:** The official position of the North Carolina Dental Society was reversed after the appointment of this Committee. For three years the Society had supported the research into Expanded Duties as conducted by the School of Dentistry at the University of North Carolina and had supported a proposed change in the Dental Practice Act to accommodate this research project. Then on May 12, 1975, the General Session of the Society rescinded this support and the proposed change in the Dental Practice Act was not acted on by the North Carolina Legislature. These actions in effect closed the Expanded Duty research project at the School.

Since 1968, forty-five (45) States have revised their dental practice acts to permit various degrees of expanded functions by dental auxiliaries. These expansions have either been through law change or rule and regulation change by the various dental examining boards. North Carolina is included in this number. The chart included at the end of this report shows how North Carolina compares with other states in functions that qualified dental assistants and dental hygienists can perform by law and/or rule and regulation of the Board of Dental Examiners. A careful study of the chart will show that North Carolina is in a good position as far as expanded duties is concerned. It allows more functions than most States and prohibits fewer functions than most States.

The latest figures available showing how completely the dentists of North Carolina utilize their dental assistants shows that just over one-half of the responding dentists delegate to the assistant only six duties of the twenty-six duties permitted.

The six are:

1. Mixing silver filling material
2. Mixing anterior filling material
3. Mixing cement

4. Develop X-rays
5. Record patient history
6. Take oral temperature

It would appear that in actual practice, dentists in North Carolina do not utilize their auxiliaries to the full extent permitted.

An earlier survey of North Carolina dentists found that a majority would like to delegate nine (9) out of fourteen (14) suggested duties. All of these nine (9) are now permitted by rule and regulation of the Board of Dental Examiners.

When these two reports are compared it would appear that in actual practice dentists in North Carolina do not utilize their auxiliaries to the full extent permitted.

There is no report available to indicate whether this reluctance of the dentist to delegate duties that are permitted is based on his own attitude or whether the volume of his practice allows him the time to perform these duties himself. The last information on the "busyness" of North Carolina dentists shows that about 54 per cent of the respondents were not too busy to take all the patients who requested their service. This survey is more than two years old.

North Carolina is receiving a net increase of dentists of more than one hundred per year, so it seems logical to assume that the 54 per cent figure would at least hold true at the present time particularly when we consider the recent down turn in our economy.

This information leads very logically to the question of manpower and the distribution of dentists and auxiliaries in North Carolina. The manpower study that the American Dental Association conducted using North Carolina as one of four pilot states has been completed. The results of the study are in the hands of the North Carolina Dental Society special committee on Manpower. The information available at this time from this source is interesting but fails completely to address itself to our problem at hand.

1. Do we have enough dentists in North Carolina to meet the needs today, five years hence, twenty years hence?

2. Do these dentists have adequate auxiliary support today, five years hence, twenty years hence?

3. What are the dental care needs and dental care demands today, five years hence, twenty years hence?

This list of questions concerning manpower of dentists and auxiliaries could be expanded at length. But that is not within the charge of this committee. We cannot ignore their presence however. It is hoped that at least some of the answers will come from the manpower study by the North Carolina Dental Society which will be carried out in 1976. It is increasingly evident that it is false wisdom to use the dentist to population ratio as a criteria for saying an area has a dentist shortage.

At the same time it is false wisdom to assume that by providing Expanded Duty Auxiliaries we can relieve the maldistribution situation. If an area is so thinly populated that it cannot support a dentist with customary auxiliary support, there is no evidence to show it could support a dentist with EDDA support. Again this subject of distribution of dentist is not within the charge of this Committee but the fact of its existence cannot be ignored by the Committee.

The Committee recognizes the fact that training of an EDDA costs about \$5,000 to \$6,000, not including living costs and capital expenditures for building, equipment, etc. Also that the four (4) year education of a dentist probably cost in excess of \$50,000. We can see the surface economy in training EDDA's compared to the expense in educating a dentist.

There is not now, nor has there ever been, a question of whether it is possible to delegate duties. Nor has the question been as to whether it was possible to train an auxiliary to perform these duties. The question is, and always has been, whether there is a justifiable need to establish the mechanisms to permit and funds to achieve it.

Controlled research in clinic situations have suggested that each dentist would need two (2) EDDA's to achieve optimal production. But to the knowledge of the Committee there is no solid evidence or report to show that one solo dentist in a private practice setting can provide more dentistry for more people at less cost to the patient by utilizing either one of two EDDA's.

#### Conclusions:

The current policy of the North Carolina Dental Society is to not support any proposed change in the Dental Practice Act which allows auxiliary training or research in expanded duties which is conducted in private practice away from the School of Dentistry and the Research Center. The Committee assumes that this policy does not eliminate research with proper protocol and under the Dental Practice Act, within the confines of the School and Research Center insofar as finding the answers to some of the questions previously raised are concerned. This policy is in line with the American Dental Association 1975 House of Delegates resolution opposing the preparation of teeth, the placement, carving, and contouring of dental restorations, and the injecting of local anesthetics by dental auxiliaries.

The Committee feels this is sound policy for the North Carolina Dental Society at the present time, based on the findings above and also that there has been no demonstrable need shown for EDDA's in North Carolina.

The Committee feels the Private Practice Demonstration Research Project at the University should be completed if possible. With more

emphasis on the economics of an EDDA and a solo practitioner to show the number of procedures and overall production and overhead, probably could answer some of the more important questions.

The Committee feels it might be possible to expand duties that hygienists can perform. It could well be that hygienists are over trained for the duties they now perform and their training and duties could be altered to include injections of local anesthetics and subgingival curettage. This would be under the direct supervision of the dentist. The American Dental Association 1975 House of Delegates defines "direct supervision" as to mean the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the dental auxiliary.

Other new definitions the ADA 1975 House of Delegates adopted are:

"General supervision" means that the dentist has authorized the procedures, and they are carried out in accordance with his diagnosis and treatment plan. "Indirect supervision" means that the dentist is in the dental office, authorizes the procedures, and remains in the dental office while the procedures are being performed by the auxiliary. "Personal supervision" means that the dentist is personally operating on a patient and authorizes the auxiliary to aid his treatment by concurrently performing supportive procedures.

The Committee feels that the conventional dental assistant should be educated with the basic sciences enough to allow her to be ready for upward mobility if and when the occasion arises.

The Committee is aware of the fact that society is a changing thing and that many decisions are made by the general public and their elected representatives that can and do affect dentistry and dental care and dental care delivery. Often these are made without the knowledge, advice or consent of organized dentistry. Some of the social service and welfare programs are examples. National Health Insurance is another prime example of a political decision that will be made by the people and their representatives. It is not a medical and dental question to be answered by physicians and dentists. This simple fact should show us how important the concerted voice of organized dentistry must be if such programs are put into being. It is only with a strong single voice will we as dentists be able to exert any influence on the eventual plan.

The dental profession has been told that implementation of a national health insurance program and drastic increases in third party involvement will create such an increase in demand for dental care that it will be imperative for EDDA's to be utilized. The validity of these projections is questionable. With third party involvement and massive programs introduced there has been a temporary strain in some areas of the country on the dental care delivery system. But it has not failed or broken down. In some instances the greater strain has been on the insurance carrier and their processing of claims for payment of dental treatment.

The Committee in this report has mentioned dental manpower and distribution and pointed out that this subject is an unknown at this time. Another unknown factor influencing dental care delivery is the need and demand for dental care factor. The need for dental care we can probably assume is large. The demand for dental care is dependent to a large measure on the dental I. Q. of the people. The dental I. Q. is higher than it was a generation ago, we can assume, but it is still so low that a large percentage of the population demands care only when in pain. We believe the Preventive Dentistry Program now entering its third year will do much, not only in its preventive aspect, but in its educational aspect, to elevate the dental I. Q. of a new generation to accept, expect, and demand adequate dental care. These ideas are only assumptions at this point in time and show the need for further study now and in the future. Changes in dental care demand will likely come slowly and it appears the profession will have time to make the adjustments needed.

The Council on Dental Education of the American Dental Association was directed by the 1975 House of Delegates to sponsor a national workshop on EDDA training utilization, and following the conference, to study and further define for related agencies, public and private, those functions where formal education requirements may be required for expanded duty dental auxiliaries and make a final report to the 1976 House.

This Conference should be very informative and its conclusions could well chart the course of the ADA for the immediate future. The North Carolina Dental Society should be represented at this conference to gain this first hand information.

This report has stated the Committee's belief that the Society's present policy on EDDA is sound and proper. The Committee does not believe that the EDDA subject is closed and the Society's present policy should stand for all time. The subject and the policy should be restudied and reviewed at proper intervals as more information becomes available. Specifically, information on manpower needs and availability in North Carolina, dental needs in North Carolina, and dental demand in North Carolina.

The Committee again directs attention to the 1975 report of the committee and the original charge viewed in light of the change in policy of the Society. The Committee feels it has answered the questions insofar as current information is available. The Committee



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feels it has raised more questions that current information cannot answer and hopes that future research and data will provide dentistry the solid knowledge it needs for the future.

### Resolution

5. Resolved, that the President of the North Carolina Dental Society appoint a five member committee similar to the present committee, to continue the investigation of research data as it becomes available, to find more complete answers to the original charge and also to the additional questions this Committee has raised.

### EXPANDED DUTIES BY DENTAL ASSISTANTS

	N. C.	Addendum 1	
		States Permitting	States Not Permitting
X-ray exposures	yes	40	5
Impression for study casts	no	20	25
Remove sutures and dressings	yes	23	22
Apply topical anesthetic	yes	26	19
Preliminary oral exam	yes	11	34
Polish crown of tooth	no	16	29
Administer anesthetic	no	3	42
Place and remove rubber dam	yes	28	17
Place and remove matrix	yes	24	21
Place and remove temporary restoration	yes	14	31
Place, carve and finish amalgam	no	6	39
Place carve and finish silicate and composite	no	5	40
Remove excess cement from crown	yes	25	20

### EXPANDED DUTIES BY DENTAL HYGIENISTS

	N. C.	Addendum 2	
		States Permitting	States Not Permitting
Impression for study casts	no	28	17
Remove sutures and dressings	yes	33	12
Administer anesthetic	no	10	35
Place and remove rubber dam	yes	33	12
Place and remove matrix	yes	27	18
Place and remove temporary restorations	yes	21	24

Place, carve, finish amalgam	no	9	36
Place, carve, finish silicate and composite	no	7	38
Remove excess cement from crown	yes	34	11

Note:

1. California, Georgia, Indiana, Montana and Nevada are not included in the above.

2. California, Florida, Georgia and Indiana have made changes since this tabulation and are not reflected in this tabulation.

### SPECIAL COMMITTEE ON GROUP FUNDED PLANS

CHARLES A. REAP, JR., <i>Chairman</i>	
JAMES H. LEE	JAMES H. EDWARDS
H. CURTIS BOWENS	GUY R. WILLIS
JOHN L. THOMPSON, JR.	

**Meetings:** The Committee held meetings on January 4 and February 1, 1976 and has had written and phone contact on other occasions.

**Assignment:** To study the present third party insurance relationships of other states and to formulate a specific resolution of policy for the North Carolina Dental Society with regard to Third Party Dental Insurance.

**Committee Activities:** Direct and indirect contact was made with chairmen and committee members of the group funded plan committees of the States of Texas, Indiana and Pennsylvania. The Council on Dental Care Programs of the American Dental Association was also contacted. As a result much information and advice was obtained, along with copies of each state's individual plans.

A specific manual with guidelines for the proper handling and relationships with third parties was constructed. It contains the philosophy, guidelines, and sample letters and Uniform Claim Forms to aid the licensed dentists of the State of North Carolina.

The basic points of declaration contain the following:

- 1) The traditional patient-dentist relationships will remain paramount and unaltered.
- 2) Radiographs will not leave the dental office.
- 3) The dental office will fill out insurance forms for the patient.
- 4) Only the ADA-established Uniform Claim Form will be acceptable.

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5) The patient will maintain the final responsibility for paying for the services rendered by the dentist.

6) The Peer Review mechanism previously established will be in effect for controversial areas.

7) Pre-authorization will consist of only:

a) patient eligibility, and

b) extent of coverage.

8) The dentist shall have the sole right to prescribe treatment procedures for all patients under his care.

9) The acceptance of the assignment of fees (direct payment to the dentist by the third party) is strongly discouraged, but remains optional with each dentist.

10) There shall be no "participating dentist" clauses with any third party plans.

#### Resolution

**8. Resolved,** that the recommendations of this committee be adopted by the House of Delegates as a statewide policy; and be it further

**Resolved,** that copies of the Dental Insurance Manual be sent to all licensed dentists in the State of North Carolina.

#### HOSPITAL DENTAL SERVICES COMMITTEE

JAMES G. BEURLE, *Chairman* (1976)

W. ROBERT CAVINESS

W. JOE PORTER

R. DONALD COFFEY

MARTEN W. QUADLAND

WILLIAM P. HINSON

WALTER R. SLOSKY

GLENN A. LAZENBY

FREEMAN C. SLAUGHTER

THEODORE R. OLOFENBERG

ERNEST SMALL, *Consultant*

**Meetings:** The Committee met on May 12, 1975, at Pinehurst.

**Assignments:** (1) The Committee had previously initiated a feasibility study of formulating state wide bylaws, rules and regulations governing hospital dentistry in North Carolina.

(2) The Committee has been and is currently evaluating hospital dental services in North Carolina in conjunction with the ADA Council on Hospital Dental Services and Commission on Accreditation. This past year a voluntary participant from our committee has served as an added evaluation consultant.

**Results of Study:** (1) The Committee recommends that each hospital formulate its own specific bylaws, rules and regulations in accord with its particular local situation. The JCAH publication, *Guidelines for the Formulation of Medical Staff Bylaws, Rules and Regulations*, is a very comprehensive and thorough aid and will be of great value relating to organizational structural format, generalist and/or specialist privileges, medical-legal aspects of patient admission, anesthetic administration, and general overall patient responsibility.

(2) Inspection and evaluation of the following dental services has been performed.

a. Dorthen Dix Hospital, Raleigh

b. VA Hospital, Salisbury

c. Womack Hospital, Fort Bragg

d. Naval Regional Medical Center, Camp Lejeune

e. USAF Hospital, Seymour Johnson AFB

f. USPHS Indian Health Hospital, Cherokee

g. Wayne County Memorial Hospital, Goldsboro

h. N. C. Department of Human Resources, Raleigh

#### Resolution

This report is informational in nature and no resolutions are presented.

#### INSURANCE COMMITTEE

J. S. DIGGS NELSON, *Chairman*, 1978

JOHN S. DILDAY (1976)

DONALD E. BLAND (1977)

FRANCIS A. BUCHANAN (1979)

J. R. COOLEY (1980)

**Meetings:** The Committee held its annual meeting on Sunday, May 11, 1975.

**Assignments:** To review all aspects of NCDS endorsed insurance programs and recommend changes that are beneficial.

**Results:** After much consideration it was decided to accept changes proposed by Blue Cross, Blue Shield of North Carolina in our hospitalization plan, increasing benefits in the Basic Plan to 100 per cent and increasing extended benefits to \$250,000. Also benefits for auxiliaries were changed to the same as for the dentist members.

In December the bonus benefits of our disability plan were extended for an additional year subject to review before the anniversary date.

Mutual of Omaha, the underwriters of the NCDS endorsed office overhead plan, proposed a new rating system whereby for an increased premium in four categories, those who would be otherwise insured with waivers would now be insured and after one year have the waivers removed. The Insurance Committee approved this change and so informed the Company.

#### Resolution

This report is informational in nature and no resolutions are presented.

#### SPECIAL COMMITTEE ON SOCIETY SPONSORED DISABILITY INSURANCE PROGRAMS

LAWRENCE H. PASCHAL, *Chairman*

JAMES L. COX

WILLIAM S. PREVOST, JR.

ELDON H. PARKS

JULIAN R. ROGERS

**Meetings:** The Committee held meetings on January 24, 1976 and February 6, 1976.

**Assignments:** To make a study of the questions and comparisons that have arisen about the North Carolina Dental Society Sponsored Disability Insurance Program.

**Results of Study:** After a searching study it was determined that the North Carolina Dental Society Sponsored Disability Insurance Program is most economical and sound.

#### Resolution

**19. Resolved,** that the North Carolina Dental Society Sponsored Disability Insurance Policy should be read thoroughly by every member as is the case of any important legal document.

#### LEGISLATIVE COMMITTEE

RICHARD H. GRAHAM, *Chairman*

M. P. BLAIR

DARDEN J. EURE, JR.

FRANCIS A. BUCHANAN

J. B. FREEDLAND

JON W. COUCH

ROBERT H. WATSON

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JOHN L. THOMPSON

R. DON COFFEY

C. T. BARKER

**Meetings:** The Committee held one meeting in 1975.

**Organization:** Essentially we are organized the same as last year with approximately fifty-five dentists on our expanded committee throughout the state.

**Assignments:** The Committee received the following charges from the president in 1974-75.

Legislative Committee will be charged to lend aid and support to the Executive Committee, in consultation with the School of Dentistry and the Board of Dental Examiners to seek remedial legislation in 90-29 (C) (4) during the 1975 legislative session, to seek passage of amendments to the Practice Act concerning instruction of dental students at locations outside the Dental School.

Additionally, the Legislative Committee will be asked to give aid to seek passage of amendments to the General Statutes dealing with experimentation and dental research at the University of North Carolina. The bill to be numbered S90-29 (C) (12).

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Additionally, the Legislative Committee should give aid to the Dental Care Programs Committee in its efforts to:

Raise payments of fees under Title XIX programs to 100 per cent of the usual and customary fees at the 75th percentile, with the N. C. Department of Human Resources, N. C. Department of Social Services, and the N. C. General Assembly.

**Activities:** After H.B. 433 and H.B. 434 were introduced into the N. C. Legislature by the UNC School of Dentistry, this Committee did a tremendous amount of work to facilitate passage of legislation. The policy of the Society concerning H.B. 434 was reversed at Pinehurst in May of 1975 and support for this bill was withdrawn. H.B. 434 was then killed in legislative committee. H.B. 433 passed the House and was in committee in the Senate when the Legislative Session ended; therefore, it is still alive. The effectiveness of this Committee was greatly hampered because the Board of Dental Examiners and others actively opposed the bill in the legislature.

Concerning the payment of fees under Title XIX programs, the Committee did discuss this matter from the Dental Society point of view with Mr. Flaherty, Director of the N. C. Department of Human Resources.


Further, the Committee did everything it could to help the Dental Laboratory Bill (H.B. 1132), but it was introduced too close to the end of the legislative session for passage, since it too had opposition. This bill was introduced in the House Rules Committee and we personally contacted almost every member of the committee, but they postponed it indefinitely and it will have to be reintroduced to be considered again.

The Preventive Dentistry bill was renewed by the legislature. Opposition was expressed to the two N. C. members of the U.S. House of Representatives who are on the Interstate and Foreign Commerce Committee concerning H.R. 5546, requiring students to reimburse the federal government for grants made to schools of the health professions.

**Future Legislation:** The N. C. Dental Society should refrain from introducing or approving introduction by any other party, of legislation which is of extremely controversial nature within the Society; without first exhausting every possibility for an amicable and acceptable resolution of such legislation within the Society itself.

#### Resolution

This report is informational in nature and no resolutions are presented.



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#### MEMBERSHIP COMMITTEE

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 ROBERT M. WILKINSON  
 GRAHAM A. PAGE  
 LARRY A. WILLIAMS  
 SAMUEL N. TRUEBLOOD

**Meetings:** The Committee held a meeting on December 6, 1975 at the training session of the District Officers Conference.

**Membership 1975:** On December 31, 1975, the Society had 1,720 active and life members. During 1975 the Society received 121 new members and decreased by 51 members for a gain of 70 members.

A categorical breakdown of decreased membership follows:

Resigned	12
Deceased	16
Dropped from Roll	23

**Assignments:** The 1975 House of Delegates adopted the following resolution:

**(Trans. 29-1975-H): Resolved,** that the Membership Committee be directed to present, in writing, to the 1976 House of Delegates, a uniform mechanism for all districts to discipline new members who do not attend the orientation and charge sessions.

**Results of Study:** The 1975 House of Delegates adopted the proposed revisions of the District Vice Presidents' duties and stated that this revision be substituted to the existing provisions as listed in the District Officers Conference Manual. A careful and specific study was made and observed at all district meetings in 1975 by the Vice President of the N.C.D.S. as to how the new revised provisions were being implemented in the districts and what measures were being used to discipline new members that were not present or could not attend the orientation and charge sessions for new members. Also studied was the problem of locating the prospective new members after they had been licensed to practice but still had not made application for membership in the North Carolina Dental Society through their districts. The following motions were presented and passed by the Conference at the District Officers Conference on December 6, 1975.

1. If 30 days after the Central Office has tried to contact a new dental licensee there is no reply, the Central Office is to send a follow-up letter to the prospective new member.

2. **Resolved,** that the district societies submit to the N.C.D.S. Executive Committee the names of all new applicants for membership who have not complied with the mandatory attendance at the district meetings and that the Executive Committee handle the disposition of these applicants.

After much discussion of the above resolution, the Membership Committee strongly urge that in our contacts with prospective members that the benefits of membership in our Society be stressed rather than the penalties of non-membership.

The following resolutions are presented:

#### Resolution

6. **Resolved,** that the district societies submit to the North Carolina Dental Society Executive Committee the names of all new applicants for membership who have not complied with the mandatory attendance at the district meetings and that the Executive Committee handle the disposition of these applicants.

7. **Resolved,** that it be made a matter of record that the following were dropped from the roll on December 31, 1975, for non-payment of dues in accordance with Article VI, Section 6 of the *Bylaws*:

#### First District:

Gary F. Daniel, Asheville  
 H. V. Davenport, Hickory  
 Robert M. Diggs, Boone  
 Ronald E. Fair, Drexel  
 Robert P. Hendricksen,  
 Centerville, Ohio  
 Robert W. Holmes, Asheville  
 George I. Miller, Waynesville  
 Thomas A. Morris, Asheville

#### Fourth District:

James F. Hulín, Banner Elk  
 John W. Martin, Oxford  
 Colin P. Osborne, III,  
 Chapel Hill  
 Ronnie D. Short, Raleigh  
 Gary L. Warren, Raleigh

#### Fifth District:

George K. Butterfield, Wilson  
 John T. Madison, Charlotte

#### Second District:

William T. Cozart, Jr., Matthews  
 Clinton M. Jones, Salisbury  
 F. M. Wilson, Monroe

#### Third District:

Robert E. Bass, High Point  
 Earl P. Hicks, Chapel Hill  
 William L. Johnson, Jr.,  
 Greensboro  
 Charles S. Scruggs,  
 Augusta, Georgia  
 Charles L. Snow, Chapel Hill



## PREVENTIVE DENTISTRY COMMITTEE

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C. W. DOUGLAS

GEORGE G. DUDNEY

DAVID R. DUNHAM

KENNETH W. GIBBS

P. W. JESSUP

WILLIAM R. SPENCER

**Meetings:** The Committee met on June 3, 1975.

**Assignments:** The purpose of this committee is to pursue funding of the preventive dentistry programs in North Carolina.

**Activities:** The Committee developed support for H.B. 779, titled: Preventive Dentistry Funds, by written correspondence and personal contact with members of the Joint Appropriations Committee of the N. C. Legislature. The bill, sponsored by Representative Nancy Chase of Wayne County, was described as an act to appropriate certain funds to the Department of Human Resources to provide for fluoridation of certain rural school water systems, to supplement the preventive dentistry health program and supportive services. The amount of money asked for in the bill was \$89,951.00 for school water fluoridation and \$735,149.00 for expansion of the public health dental hygiene program in new counties. Through the efforts of Representative Chase and the Preventive Dentistry Committee, H.B. 779 was passed in a revised form. The revised bill appropriated \$45,000.00 for fiscal year 1975-1976 to support the rural school water fluoridation program. In fiscal year 1976-1977 another \$45,000.00 was appropriated for continuation of the school water fluoridation program and \$145,000.00 to expand the preventive dentistry education program into seven new counties. The Committee felt that the N. C. Legislature was very understanding and generous to appropriate these funds to the preventive dentistry program at a time when numerous other programs were being deleted from the state budget.

However, in order to insure continued support for the implementation of the 10 year plan adopted by the N.C.D.S., we should keep in mind that financial support must be obtained from the state legislature and other sources each year.

### Resolution

This report is informational in nature and no resolutions are submitted.

## PUBLIC RELATIONS COMMITTEE

JOSEPH M. JOHNSON, *Chairman*

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S. B. TOWLER

JAMES A. HARRELL, JR.

WILBURN A. DAVIS

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JON W. COUCH

R. WILLARD HINNANT

H. LEONIDAS KEITH

BENJAMIN W. BROWN

VONNIE B. SMITH

**Meetings:** The Committee held no formal meetings; however, a meeting was held by correspondence with all members participating.

**Assignments:** This Committee was assigned the duty of formulating a method for securing public relations personnel.

Due to the diversity of the needs for the Dental Society, the Committee decided the needs could be best met by the following resolution:

### Resolution

**9. Resolved,** that public relations personnel be selected by the Executive Director with approval of the President and President-Elect of the North Carolina Dental Society, and be it further

**Resolved,** that the budget for this activity be set by the Executive Committee.

### Special Committee

## TRAVEL AND EDUCATIONAL ADVANCEMENT

ROBERT H. SAGER, *Chairman*

WILLIAM R. OWENS,

*Co-Chairman*

M. LAMAR DORTON

BAXTER B. SAPP, JR.,

*Co-Chairman*

P. C. PURVIS

**Meetings:** The Committee held a meeting on May 13, 1975.

**Assignments:** To arrange educational trips for the members of the North Carolina Dental Society and their families.

**Results:** Two trips are scheduled for 1976. The first will go to Egypt from February 18 to 26th. The second will be to London, England from July 3 to 10th.

### Resolution

This report is informational in nature and no resolutions are presented.

## NORTH CAROLINA DENTAL SOCIETY HONORARY MEMBERSHIP

**18. Resolved,** that Frank F. Shuler, D.D.S., President-Elect American Dental Association, be elected to honorary membership in the North Carolina Dental Society.

## ONSLOW COUNTY DENTAL SOCIETY

Whereas the University of North Carolina School of Dentistry at Chapel Hill receives funds in the amount of about \$550,000.00 annually from the Federal Government, and the stipulations placed upon these monies is becoming more restrictive, and whereas the number of graduates of the dental school are at a level that the dental needs of the people of North Carolina is being met, and whereas the facilities to continue to provide the highest quality education in the Nation are being used to maximum efficiency, the Onslow County Dental Society offers the following recommendations to the Fifth District Dental Society to be presented to the House of Delegates of the North Carolina Dental Society:

### Resolution

**17. Resolved,** that the North Carolina Dental Society:

1) Seek funding from the North Carolina Legislature to replace the \$550,000.00 annually

or

2) Seek funding from the North Carolina Legislature from \$225,000.00 annually to match \$225,000.00 raised from contributions by North Carolina dentists

or

3) Attempt to secure contributions from the dentists in the State in the amount of \$300.00 annually.

**BURKES—**(Continued from page 18)

# What is Your Diagnosis?

## Diagnosis

Following removal of the lesion, the pathologic diagnosis was benign lymphoepithelial cyst. The location of this lesion is diagnostic, as is the size, color and symptomatology. Histologically, it resembles a branchial cleft cyst and probably arises as an epithelial inclusion during development. This cyst is commonly confused with a lipoma because of the color and consistency. The lipoma is a more solid lesion in contrast to the cyst. The mucocele is also a cystic lesion, but contains salivary secretion rather than epithelial debris. It is further contrasted to the benign lymphoepithelial cyst by clinically appearing as a clear to blue color. Historically, the mucocele may rupture, partially heal, then refill to form the lesion. Salivary gland tumors in this location are rare, although they have been reported in the glands of Blandin and Nuhn. Tumors would be more symptomatic and enlarging.

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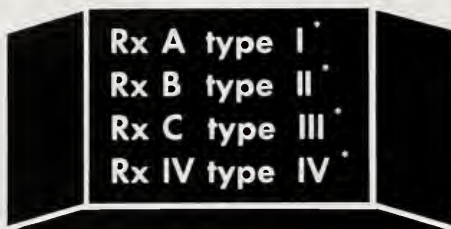
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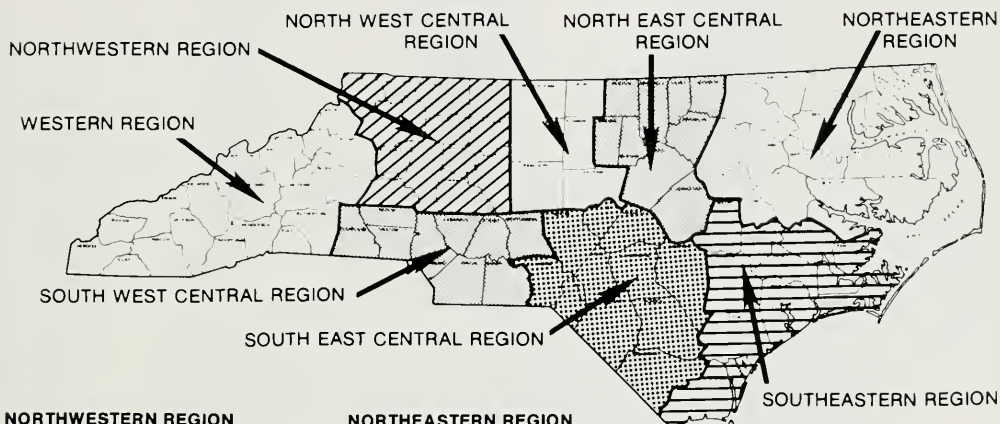
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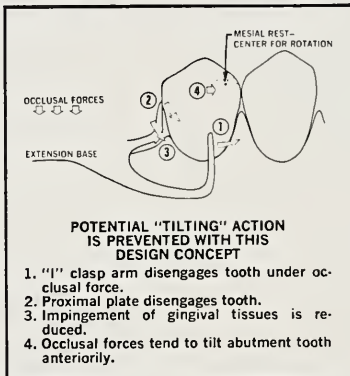
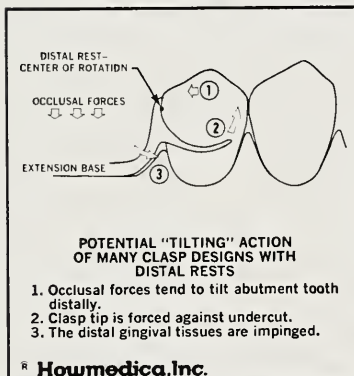
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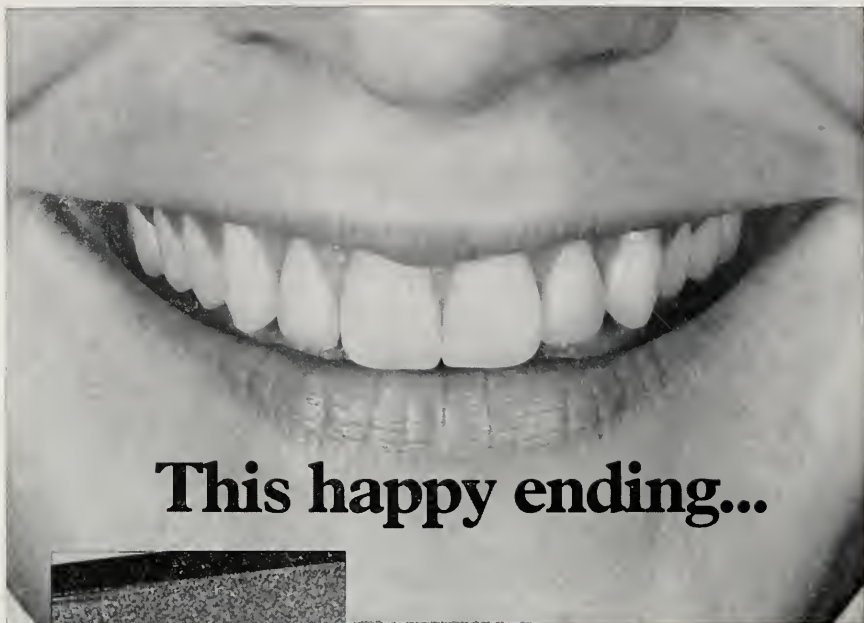
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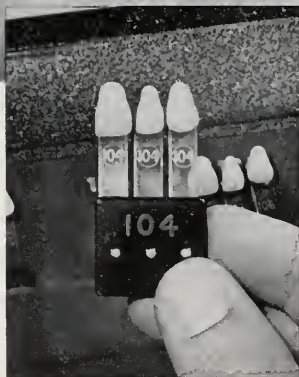
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### ABOUT THE COVER

Herbie shares a cool drink with Miss Poorly on a hot Summer day. Photograph by The Editor.

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# North Carolina DENTAL JOURNAL

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# LETTERS *to the Editor*



## OPEN LETTER TO THE NORTH CAROLINA DENTAL SOCIETY

Dear Friends and Colleagues:

I want to thank each and every member of the North Carolina Dental Society for his or her part in my having been awarded a beautiful plaque at the 120th Annual Banquet held at Pinchurst, on Monday May 10th, 1976.

It is an elegant plaque and what a complete surprise! I deeply appreciate the inscribed words in recognition of my services in the field of Continuing Dental Education.

I shall always cherish this daily reminder of the thoughts and sentiments of all the members.

And, being presented with this plaque by my good friend, Harold Maxwell, President of the State Society, was indeed the frosting on the cake.

Again my sincere and grateful thanks.

KERMIT F. KNUDTZON, D.D.S.

Professor Emeritus, UNC School of Dentistry

Dear Doctor/Editor:

In spite of the education and training of doctors, they do become "alcoholics," even though they may never see skid row. Alcoholism appears to happen to people who do not want it — even doctors.

Because of the fact that there are undoubtedly alcoholics among your membership, WILL YOU PLEASE PUBLISH THE FOLLOWING INFORMATION:

INTERNATIONAL DOCTORS IN ALCOHOLICS ANONYMOUS is a non-dues-paying organization of PHYSICIANS AND DENTISTS who get together at least yearly to help each other obtain and maintain their sobriety and freedom from drugs. The next annual convention will be held at the new LOS ANGELES MARRIOTT HOTEL, AUGUST 5 through 8, 1976. Tax deductible. Inquirers and newcomers welcome. For information write: Secretary, IDAA, 1950 Volney, Youngstown, Ohio 44511.

Thank you for this service to your membership.

Sincerely,

LUKE REED, M.D., Secretary

## Interim Policy of North Carolina Dental Society Pertaining to

# National Health Service Corps in North Carolina

1. The North Carolina Dental Society endorses the concept free enterprise fee for service of private practice as the most satisfactory method of dental care delivery for all parties. The Society desires that dental demand be met in the most practical and economical way for all persons concerned with their dental health. All manpower committees of the Society are committed to this concept and are available as consultants to any area or group that desires a dental facility.

2. It is the intent of the North Carolina Dental Society to insure that all health programs which utilize public funds be required to maintain established eligibility standards.

3. Since the object of these programs is to provide for the dental needs of the public in a specific underserved area, and establish an economically successful dental practice, the cost of dental care must be established by accurate statistical methods reflecting the fees generally charged in the applicable specific area, and on a fee-for-service basis. In cases where prepaid capitation programs are already in existence as described in HEW guidelines for NHSC — those

eligible for such services may be treated accordingly.

4. Implementation of a National Health Service Corps project should be dependent upon the mutual advance planning and consultation with the NHSC and the component society in whose area the project is located.

5. National Health Service Corps dentists practicing in North Carolina must hold a current North Carolina license. The dentist and all auxiliary personnel must observe the North Carolina Dental Practice Act and the rules and regulations of the North Carolina State Board of Dental Examiners, just as all private practicing dentists and their auxiliaries must do.

6. The Freedom of Choice for both dentist and patients must be maintained.

7. Approval of a NHSC project shall be for a definable period of time. All records shall be made available to the appropriate component dental society through its Dental Manpower Advisory Committee (DMAC).

8. The approval of and continuation of support of a NHSC project is subject to compliance with the above stated policy.

# North Carolina Dental Assistants Association



## Spirit of Achievement in '76

Since the "Spirit of Achievement in '76" is the theme that I selected for the 26th Annual Session of the North Carolina Dental Assistants Association, I feel I must discuss this theme and its various connotations in this message to you.

A true "Spirit of Achievement" can and should lead to positive attitudes, constructive changes, and improved relationships between all members of the dental health care team. This, however, will be possible only if we establish well defined goals and follow a well charted course designed to reach these goals. The major goals that I feel should be achieved this year are as follows:

- 1) Registration or licensure of dental assistants
- 2) Enforcement of existing rules and regulations of the State Dental Practice Acts
- 3) Better Liaison between the North Carolina Dental Society and the North Carolina Dental Assistants Association
- 4) Workshops to encourage certification of dental assistants by 1978.

Dental Assistant Registration is my major goal for this year. Our profession has been blessed with an abundance of talented, dedicated, and loyal dental assistants. These individuals are true professionals and deserve to be recognized as such. I will utilize a positive approach to create awareness of this goal. This effort will be aimed at the state and local dental assistant societies, the North Carolina Dental Society, and the State Board of Dental Examiners. Mrs. Ethel Earl of the University of North Carolina School of Dentistry participated in a national workshop

sponsored by the ADA concerning expanded functions. She has been watching closely the progress of other states that are in the process of requiring licensure or registration. Data has been gathered and carefully studied so that our Association proceeds in the proper direction. The 1975 ADAA House Delegates mandated all state constituents to press for licensure or registration of assistants. It approved a proposal to alert consumers to possible jeopardy at the hands of unregulated dental personnel. Therefore, we feel that registration is essential since dental assistants are giving intraoral care to the consumer. Individuals performing these intraoral functions should be educationally qualified for the protection of the patient as well as the assistant.

The existing rules and regulations pertaining to dental assistants should be enforced. The existing rules and regulations are similar to those in some other states and far more restrictive than in many. However, some dentists and dental assistants throughout the state are abusing these rules perhaps. It is amazing that many dental assistants do not know they are performing illegal duties. Contrary to what many dentists think, we, as dental assistants, may be prosecuted in civil court. Please read Chapter 6 of the 1963 edition of *Dental Jurisprudence* by Harvey Sarner for verification. These rules and regulations could be monitored more efficiently if there were means of registration or licensure of trained dental assistants.

Over the last two years, the President of the North Carolina Dental Society



Cheryl Kearney, CDA  
President

appointed a NCDS-NCDAALiaison Committee. This committee has been comprised of dentists and assistants whose purpose is to establish better communication between the two organizations. This committee has not

(Continued on page 26)

## PRELIMINARY DISTRICT PROGRAMS

### First District

Date: September 25  
Speaker: Dr. Clifton E. Crandell  
Topic: Radiology  
Location: Continuing Education Center, Appalachian State University, Boone, N. C.

### Second District

Date: August 7, 8  
Speaker: Kathy Williams and Donna Woodmansee, Psychologists, Bowman Gray School of Medicine  
Topic: Impression '76  
Location: Downtowner East Motor Inn, Charlotte, N. C.  
(This is to be combined with ADAA Fourth District Workshop. No meeting is scheduled at the time of the District meeting.)

### Third District

Date: October 2  
Speaker: To be announced  
Topic: Malpractice and Intraoral Functions  
Location: Durham, N. C.

### Fourth District

Location: Raleigh, N. C.  
All other plans to be announced

### Fifth District

Date: September 12  
Speaker: Dr. Harold Twisdale, Charlotte, N. C.  
Topic: Hypnosis Used with Analgesia  
Location: Ramada Inn, Wilmington, N. C.

# PRESIDENT'S REPORT



By the time you read this, we will have already celebrated our 120th anniversary of the North Carolina Dental Society, the 25th anniversary of the Dental School, the 25th anniversary of the North Carolina Dental Foundation, and we are still in the process of celebrating the 200th anniversary of our nation. That's a lot of celebrating. One could easily become lulled into a state of complacency thinking back on all the accomplishments of the past.

The challenging aspect is that we now hold the advantage of past experience which should enable us to *improve* on what has been done. Considering what those before us have accomplished — that is a real challenge. Armed with such an advantage, we have the opportunity to prove ourselves worthy of that heritage and improve upon it.

I have been encouraged greatly in the past year by the gains we have made in our ability to work together within our Society. The School of Dentistry, the Board of Dental Examiners, and the North Carolina Dental Society with the able leadership of Harold Maxwell has become more cohesive and has shown definite encouraging signs of being able to work together in an effective manner. I am committed to continuing this effort and I sincerely believe we can do so if we realize that we all have common goals — that of providing the best dental health care for our patients and the continuing elevation of the ideals of our profession.

Don't misunderstand. —everything is not a "pie in the sky." We have problems, but we also have solutions. Solutions have a way of being more obscure than the problems so we have to find them. I believe we can. This is the situation that creates *opportunity*.

One of our greatest opportunities lies in the area of our responsibility to provide superior dental health care. We in North Carolina have a singular advantage, far ahead of many states, in getting to the facts about dental health care delivery through our Dental Manpower Studies. We are underway already with plans for a replication of the noted Fulton-Hughes (DMF) Studies plus research designed to give us answers to the "effective demand" and "production capability" unknowns that exist in our own state. We need these facts to substantiate our answers to the questions put to us by the consumer who is becoming increasingly more critical.

It is our obligation, as a profession dedicated to provide the best dental care, to also provide answers.

Medicare, pre-payment, capitation, peer review, NHI, AHEC, HEW, HMO's, NHSC — there are enough in this list to confuse the mind, but these are everyday terms in today's dialogue for meeting health demands. We must read, question, and investigate — in other words, *get involved*, to prevent "regulation without representation." Bureaucratic regulation of health services by non-professionals is a threat to the best health service in the world. Such regulation is a disservice to the public, and may well spell the doom of private practice (private enterprise), the modality of our dental health delivery system. The public deserves some answers and some solution to the high cost of health services — but not deception.

Can we improve on our heritage in the face of such problems? Of course we can if we get "off the bench" and into the ball game.

I believe in the committee concept of the North Carolina Dental Society. Recently, with the help and advice of the Executive Committee and certain other committee chairmen, we reorganized our Society's committees by eliminating some of these and placing some sub-committees back into the main committee. This consolidation and reduction, I believe, will render our committee functions more effective and meaningful. I feel it is demoralizing to assign "bodies" to a committee and not have a definite job for them to do. Consequently, some of you may feel offended by not having a committee assignment. I assume the risk of this possibility, holding to the concept that the committee structure is not a sufficient vehicle to achieve total involvement. I believe the real strength of an organization can be in a well functioning committee structure. If I as President for 1976-77 can motivate our committee chairmen to make their committees a viable, working, and effective vehicle, we can accomplish much. This is my objective. I will need help — all the help I can get — if we are to make the best of our opportunities, improve on our heritage, and fulfill our obligation to our fellow man.

R. B. BARDEN, D.D.S., President  
Wilmington, North Carolina



# EDITORIAL



*"Your representative owes you, not his industry only, but his judgement, and he betrays instead of serving you if he sacrifices it to your opinion."*

—EDMUND BURKE, 1794

## A BICENTENNIAL THOUGHT

Late at night, near the conclusion of your last House of Delegates meeting, a resolution was introduced to obtain elected representation on your Executive Committee from the districts. The idea was enthusiastically and widely received. A resolution to restructure the Executive Committee requires By-Laws changes and cannot be voted upon at a meeting in which it is introduced unless 90 percent of the House agrees to vote on the proposal. A resolution must have been introduced at a previous session of the House of Delegates, according to the By-Laws of the North Carolina Dental Society.

A motion to refer the resolution failed, a vote for consideration by 90 percent of the House failed, followed by the failure of another motion to refer.

In the wee hours of the morning, the House of Delegates was adjourned for the purpose of re-convening at a separate session ten minutes later, in order to consider the resolution and vote on it. After lengthy debate the motion failed to pass by the necessary two-thirds majority and was finally referred to the Constitution and By-Laws Committee.

When it was suggested to one member of the House later that this was a mockery of the Constitution and By-Laws to adjourn the House and reconvene it in order to obviate the "90 percent rule," a comment was made that "it has been done before."

Fortunately, the House of Delegates believed that the issue should be studied thoroughly before adoption. Accordingly, the membership of the North Carolina Dental Society and the House of Delegates will now have an opportunity to discuss the matter before making a hasty decision.

Representation on the Executive Committee is important to each dentist at the component level. Each district should have more input, and involvement should be promoted at the local level and then expressed to the Executive Committee on "issues of the times." This is probably more important now than it has ever been before. Such matters as who is going to represent the district, and how they are to be selected appears to be more important than anything

else, and that, perhaps is a matter for the districts to decide individually.

By referring this to the Constitution and By-Laws Committee, a study can be made to determine if such a resolution to restructure the executive committee is in conflict with other articles in our instrument of government. Then, finally, this can be directed to a Reference Committee at the next House of Delegates for further discussion, and hopefully a method for broader representation from the districts be considered.

Just a thought — ten to twelve persons on the Executive Committee comprise 25 percent or more of the total body of the House of Delegates. Perhaps the number in the House should be increased, as well, to provide even broader representation of the various components.

It is suggested that a large Executive Committee may be unwieldy in transacting the business of the North Carolina Dental Society when the House of Delegates is not in session. Heaven forbid! A strong Chairman of the Executive Committee conducting the meetings under rigid parliamentary procedures could circumvent such unfortunate circumstances.

As we strive for broader representation, on our Executive Committee by elected members, let us study the entire structure and composition of our House of Delegates as well, and evolve a method for involvement and representation by our total membership.

The Constitution and By-Laws is an instrument for protecting the membership and insuring the Democratic process. Let us not skirt it to achieve objectives that are not carefully considered by sequential deliberate procedures, though the objectives are praiseworthy.—RJS

*"We may be tossed upon an ocean where we can see no land—nor, perhaps, the sun or stars. But there is a chart and a compass for us to study, to consult, and to obey. That chart is the Constitution."*

—DANIEL WEBSTER, 1847

# GUEST EDITORIAL



Major General Bhaskar

## DENTAL AUXILIARY AND THE DENTAL PROFESSION

S. N. Bhaskar, D.D.S., M.S., Ph.D.\*  
Major General D.C. U.S.A.

One of the major issues before our profession today concerns the utilization, classification, and training of dental auxiliaries. This subject is of such vital interest that numerous meetings, articles, studies and discussions have been conducted. Regardless of all these activities and the diversity of opinion, everyone agrees that for a vital, productive and progressive dental practice, the utilization of a well-trained dental auxiliary is absolutely essential.

When one speaks of a dental auxiliary one generally includes among them three well established professions — the Dental Technician, the Dental Assistant and the Dental Hygienist. The Dental Technician is well established, his or her functions and abilities are well known, and except for the illegal practice of dentistry and "denturism" the Dental Technician is not generally the subject of controversy. The major discussion about the dental auxiliary today centers around two subjects:

- The training, responsibilities, and utilization of Expanded Duty Auxiliaries; and
- A need for uniform standards of education and certification for the Dental Assistant.

Numerous studies have recently shown that a Dental Assistant or a Dental Hygienist can be trained in appropriate time to perform certain functions as well as the dentist. Therefore, any further studies or research in this field would seem unnecessary. It is also agreed that the expanded function training must be formalized, uniform, and should be open to either the Hygienist or to a formally trained Dental Assistant. It is important that the Dental Assistant should be formally trained and certified prior to acceptance into an Expanded Function Training Program. As a matter of fact, the ultimate goal of the dental profession should be to formalize the training for Dental Assistants and to have them certified so that what we offer our patients is more or less uniform across the Nation.

So the question before the profession is not how to train the Expanded Duty Auxiliaries, or who should be accepted into the program, or whether the Expanded Duty Auxiliaries can do the functions for which they are trained, or even that such an individual is effective. The question is whether there is enough demand for dental care and whether the dental profession should utilize the Expanded Duty Auxiliary at this time.

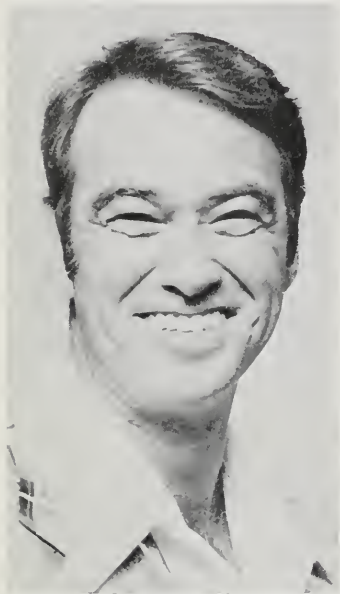
Dentistry consists of many groups. It consists of the dental schools, the teacher, the researcher, the specialist, the dental Board of Examiners, the dental societies, the dental auxiliaries and the practicing general dentist. We are all dependent upon each other and we are all essential for the proper functioning of the system. However, it must be said that in the last analysis *what is good for the practicing general dentist must of necessity be good for everyone else*. If the general practitioner survives, succeeds and prospers, the rest of us are improved in his reflection. However, the reverse is not necessarily true. What may be good for a researcher, or a school, or an auxiliary, or a teacher may not necessarily be good for the general practitioner. The goal of everyone must be to assist the general practitioner. If a school through research comes up with a "great" idea which in its implementation destroys or diminishes the general dentist, all of us are the losers. I would go further than that and say that what is good for the general practitioner in dentistry is also good for the public. At first glance this may sound like an extremely reactionary view. However, a public health care policy which in essence is detrimental to the well being of the general practitioner will destroy the best dental care system in the world and will, therefore, be detrimental to the public.

I believe that the general practitioner of dentistry must give honest and dedicated service to his patients. He must continually educate himself so that his or her patients are benefited by the latest that dentistry has to offer. He must safeguard the well being and future of the hundreds of thousand of auxiliaries who work with him and he should look after their financial security. But, by the same token, all of us must realize that the general practitioner is the person in the dental profession whose success is tied to all of us and that at *no time* should we make policies or take actions which force upon him a decision which is detrimental in *any* way to his well being — for if he loses, all of us, including the public, will be ill-served.

NOTE: The opinions expressed in this editorial are those of Dr. S. N. Bhaskar and in no way reflect the official position of the Chief of the Army Dental Corps, The Surgeon General or the Army.

\* Assistant Surgeon General  
Chief of the Dental Corps

# Items of Interest



**WATSON CHAIRS EXECUTIVE COMMITTEE.** Dr. Robert H. Watson, of Charlotte, North Carolina has been appointed to the Executive Committee of the North Carolina Dental Society. Dr. R. B. Barden of Wilmington, North Carolina, President of the North Carolina Dental Society has appointed Dr. Watson as Chairman of the Executive Committee.

**EXECUTIVE DIRECTOR RESIGNS:** Mr. Robert L. Cherry, Executive Director of the North Carolina Dental Society has resigned his position effective July 30, 1976. Mr. Cherry is terminating his employment in order to attend law school at Wake Forest University. We regret losing Mr. Cherry as he has been a most effective Executive in our Organization; however, we wish him every good wish in his legal career.

Mr. Cherry plans to make every effort to help us with our annual session next May. During this limited period of time he will have the opportunity to renew old acquaintances.

**HUNTER GETS LIFE.** Dr. Grover Cleveland Hunter, Jr., professor of periodontics at the UNC School of Dentistry, was honored with a life membership in Omicron Kappa Upsilon at the 10th Annual Convocation of Upsilon Upsilon Chapter at the University of North Carolina.

**HUNT SEEKS BID TO CONGRESS.** Dr. Jack Hunt, a dentist from Cleveland County has formally announced he will seek the Democratic nomination for U. S. Congress from the Tenth District.

**ADA DELEGATE ELECTED.** Dr. Guy Willis of Durham, North Carolina was elected as a delegate to the House of Delegates to the American Dental Association, in Pinehurst in May. Dr. Willis has recently served as President of the National Association of Dental Examiners and is presently serving on the Executive Committee of the North Carolina Dental Society.

**IMPROVEMENT IN ARMY DENTAL CORPS MANAGEMENT.** Major Gen S. N. Bhaskar, DC, USA, Assistant Surgeon General and Chief, Army Dental Corps, has announced several significant changes in the Army's dental care delivery system in the United States that have been approved by The Surgeon General and Chief of Staff, US Army. The purpose of these changes is to improve dental care by giving greater control of dental resources to dentists.

At each Army installation in the United States, the Dental Corps officer in charge of the Dental Activity will be designated the installation Director of Dental Services (DDS), and assigned responsibility for establishing and managing the installation dental care program. He will control the dental financial and personnel resources. The installation commander will have the opportunity to work directly with his DDS in developing dental program goals and evaluating his performance.

By bringing the management of dental care under the control of dentists, dental programs will receive more visibility and command emphasis. Other benefits associated with these management changes include dental professional review of dental activities, improved leadership, increased patient care and improved morale and retention of junior Dental Corps officers.

In order to assure the success of this program Dental Corps officers with demonstrated professional and leadership qualities are being selected for assignment as commanders. Highest priority is being given to those officers who have been continuously involved in clinical dentistry and have excelled in their profession.

**MAINE DEFEATS BILLS ON LICENSING 'DENTURISTS'.** The legislature in Maine has defeated bills that would "provide for the licensing of denturists."

**OMICRON KAPPA Upsilon.** OKU members elected to chapters outside of North Carolina, who are practicing in North Carolina, are invited to register with the University of North Carolina Chapter. Please send your name and chapter to which you were elected to Dr. Troy Sluder, Secretary, Upsilon Upsilon Chapter, University of North Carolina School of Dentistry, Chapel Hill.

**SHAFER LECTURER.** Dr. Jack B. Shaffer lectures at the University of North Carolina on July 9, 1976. His program will be titled "The Versatility of the Begg Appliance." Jack is a native of Durham, North Carolina and is practicing in Tampa, Florida. He is a graduate of the University of North Carolina School of Dentistry and Department of Orthodontics, and is currently president of the North American Begg Society.

**DENTISTS' FEES RISE STAYS BEHIND OTHER HEALTH COSTS.** Health care services rose 1.2 per cent in February on the Labor Department's Consumer Price Index, the same increase as in the previous month. Dentists' fees and pharmaceuticals rose only .6 per cent. Hospital service charges, which had gone up 2.2 per cent in January, rose another 1.5 per cent. Physicians fees went up 1.3 per cent in February, services rose .7 per cent and commodities decreased .1 per cent. The composite index for all items rose .2 per cent.

**SESG HOLDS ANNUAL MEETING.** The Southern Endodontic Study Group held its annual meeting at the Colony Beach Club in Bradenton, Florida July 15-18. Dr. Martin Schulman was the Clinician. Dr. Jack Shankle served as Chairman of the organization and Dr. Stuart Fountain as Secretary-Treasurer. Endodontists from ten Southeastern states comprise the Group.



l to r: Dr. Jack Shankle, Dr. Stuart Fountain





Congressman Rose, Vice President Purvis, and Secy-Treos. Litton listen attentively to Executive Committee member Spillman in Washington.



Congressional leaders hear N. C. Dental Delegation point of view.



Congressman Fountain with Executive Committee Chairman Wallace.

**JURY AWARDS \$19,500 IN SUIT AGAINST DENTISTS.** In a rare dental malpractice trial, a Circuit Court jury has awarded \$19,500 to a woman who swallowed a small instrument while having root canal work done by a dentist. Her attorney argued that the dentist was negligent in not using a rubber dam.

**LAS VEGAS THEME.** "Meeting Tomorrow's Challenge" will be the theme of the 117th annual session of the American Dental Association in Las Vegas November 14-18 and the scientific program will range from creative management in dental practice to clinical appearance of commonly encountered oral diseases.

**NHI TO COVER PHASED-IN DENTAL BENEFITS, REP. ROSTENKOWSKI PREDICTS.** The United States cannot much longer defer action on the enactment of a comprehensive phased-in program of national health insurance which gradually should incorporate a dental component, a congressional leader has declared. "I believe that there has now developed enough of a consensus among consumers, providers, the insurance industry, business and labor to make serious work on national health insurance fruitful," according to Congressman Dan Rostenkowski (D.-Ill.).

**DENTAL SCHOOL ENROLLMENTS.** The rate of increase in dental school enrollments continues to slow in the 1975-76 academic year, while enrollments of women and minority students continue their long-term climb. At the same time, the proportion of students with baccalaureate degrees entering dental school remains on a steady upward course.

**UNC SCHOOL OF DENTISTRY RECEIVES \$2,500 FROM HINMAN CLINIC.** UNC was one of seven southern universities to receive funds to further Dental Education at the 64th annual Thomas P. Hinman Dental Meeting. Dean Raymond White represented the School of Dentistry in accepting this gift.

**FACULTY POSITION.** Faculty position in the field of Dental Public Health Research available in a well known multidisciplinary department of Health Administration. The main responsibilities will include the coordination of a large research project, graduate teaching and service participation.

Minimum qualifications: doctoral degree in dentistry, masters degree in public health, completion of an approved Residency in Dental Public Health, licensed to practice dentistry in North Carolina and two years experience in private or public health practice. Apply to: Chairman, Department of Health Administration, 263 School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, 27514. (An Affirmative Action Equal Opportunity Employer).

**SEAS CONDUCTS SEMINAR.** The Southeastern Analgesia Society will conduct its Fourth Annual Seminar July 22-24, in Pensacola Florida. For information contact Dr. Harold Twisdale, 4421 Central Avenue, Charlotte, North Carolina 28205.



New International College of Dentists Fellows  
l-r: Ray Lindale, Ray White, Gerald Cothery

**ASDC TO TACKLE THE "UNMENTIONABLE" SUBJECT.** A provocative scientific program has been arranged for the 1976 Annual Meeting of the American Society of Dentistry for Children at the Sands Hotel in Las Vegas, Nevada, November 11-13. "Pediatric Medical Emergencies in the Dental Office" is the theme of the ASDC sessions on Friday, November 12, and the discussions will deal with "the dentist's responsibility, what he can do to control emergencies, and things most likely to happen."

**ADA MEETING IN LAS VEGAS.** Approximately 25,000 dentists, their wives and guests from around the world are expected to attend the 117th annual session of the American Dental Association scheduled November 14-18 in Las Vegas, Nevada. Theme of the session will be "Meeting Tomorrow's Challenge." Charter flights are being sponsored by the University of North Carolina Dental Alumni Association and the North Carolina Dental Society.

**CONTINUING EDUCATION WITH MEDICINE.** The 16th Annual Postgraduate Seminar for Family Practice will be held October 6th and 7th at Charlotte Memorial Hospital and Medical Center. Included in the seminar will be: "The Differential Diagnosis of Facial Pain" and "The Temporomandibular Joint Syndrome." "Problems in the Diagnosis and Evaluation of Obstructive Lung Disease," "Functional Evaluation of the Cardiovascular System and Cardiac Rehabilitation — A Team Approach," and "Emotional Problems of Doctors and Their Families." This is an opportunity for the practicing dentists and physicians to further understand how patients may enjoy a more comprehensive and improved health service. To urge that there be dialogue between the dental profession and the Family Practice Seminararians, make plans to attend by returning the registration form when mailed to you.

# A DIRECT TEMPORARY FOR A SINGLE TOOTH RESTORATION

Van B. Haywood, D.M.D.\*

There exist many different methods of fabricating temporary restorations for teeth prepared to receive gold restorations, but basically these methods can be categorized into two types: a direct method or an indirect method. The indirect method involves taking a post-operative impression of the prepared tooth and fabricating the temporary on a stone model outside the mouth. The direct method, on the other hand, uses the prepared tooth as the model for the fabrication of the temporary. There are many varied and different methods reported in the literature of fabricating temporaries directly;<sup>2,4,5,6</sup> the purpose of this paper is to present yet another procedure, combining several philosophies and techniques, as well as utilizing new materials on the market today so that the private practitioner can have one additional method in his repertoire of providing temporary coverage for the patients. Rather than deal with the total number of possibilities for direct temporization, the paper is limited to the fabrication of a direct temporary for a single tooth restoration.

With any temporary restoration there are certain requirements to be met: (1) it should protect the prepared tooth, (2) it should maintain the position of the tooth, (3) it should maintain the position and health of the gingivae, (4) it should provide patient comfort. In addition to this, consideration should be made for the pulp and the health of the tooth during the fabrication of the temporary;<sup>3</sup> this point is very critical when considering different methods of direct temporization.

Any technique of fabricating a temporary involves two basic parts: First, a material and method are needed to form a matrix to mold the temporary to be formed, and second, a material with which to construct the temporary. The material used to form the matrix by way of a pre-operative impression of the tooth is baseplate wax (L. D. Chalk) (Fig. 1.) The advantages of the pre-

operative wax impression over the more conventional pre-operative alginate impression or other methods are as follows: (1) dimensional stability over a long appointment span or between appointments (the wax will retain the correct dimensions more easily and with less care than the alginate); (2) rigidity—when reseating the wax you are able to obtain a more positive seat on the teeth, and hence the occlusion will be more correct, whereas when seating an alginate impression, there is a greater chance of seating it too hard and tearing the alginate, or not seating it fully, both conditions affecting the occlusion and form; (3) access—with the wax impression it is really only necessary to involve one or two teeth on either side of the prepared teeth with no bulky tray to inhibit your visual and physical access, whereas an alginate impression tends to obscure the entire quadrant or arch; (4) affinity of the material for the wax—this is convenient because upon removal of the wax tray, if removed at the correct time, the temporary material adheres to it and hence is also removed, rather than remaining on the tooth as with other methods. This also gives the formed temporary material a matrix in which to further polymerize so there is less dimensional changes from polymerization outside the mouth; (5) decreased expense of the wax—this factor must consider not only the cost of the wax versus other materials and their supportive equipment but also the amount of time (chair-time) it takes to make such an impression. As far as accuracy of the pre-operative impression, this method when used correctly should be equally as accurate as any other.

The material used to fabricate the temporary is an espe-epimine plastic (Scutan by Premier) made specifically for temporary crowns and bridges. (Fig. 2) The advantages<sup>1</sup> it has over an acrylic are as follows: (1) it has a low initial heat of reaction and does not reach its maximum temperature until approximately four to five minutes after the initial mix, by which time you

have removed it from the tooth (hence there is no chance of pulpal damage from the heat of reaction); (2) the material forms a bond from a cross-linkage reaction rather than a monomer-polymer polymerization (thus there is a minimum amount of free monomer to cause insult to either tissue or pulp); (3) the material has some elastic memory—hence there is no need to block out tissue undercuts, teeth undercuts or excavation areas because, if removed at the correct time, the material will pull out of these particular areas and then return to its original form; (4) the setting time is rapid and an initial set occurs in less than a minute, at which point it is removed from the mouth; (5) the material is dimensionally stable and once removed from the mouth after its initial set it will have as accurate margins as it



Figure 1. Caulks pink base-plate wax (reddish color)

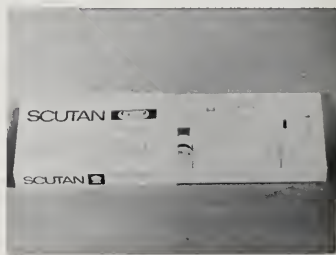


Figure 2. Scutan: paste and liquid system

\* Instructor, Department of Operative Dentistry, UNC School of Dentistry, Chapel Hill, North Carolina.



would if left on the tooth until completely set.

An important factor that the private practitioner must consider is the overall cost of the procedure. For an alginate impression using a one scoop mix and tray, the cost is approximately 8 cents per impression whereas with the wax bite the cost is 1 cent per impression. For the cost of the temporary material, the cost of an average crown and bridge acrylic resin for a one unit temporary is approximately 35 cents whereas the cost of Scutan for one unit is approximately 50 cents. Hence the cost comparison on a pure scale is 43 cents for an acrylic-alginate system compared to 51 cents for a Scutan-wax system. However, it is very important that this cost be multiplied by the time it takes chairside to complete the procedure to obtain a practical cost. Scutan decreases the amount of chairtime considerably since it has a decreased setting time, and also does not need to be polished but merely finished with a plain cut carbide bur. These advantages, plus the other advantages of excellent margins and hence good tissue response from the material, as well as the inherent biological advantages of less possible effects on the pulp make the material not nearly so costly as it might seem from first observation. In determining the cost of the Scutan per unit, one 25 g. tube holds a length of material of 84 cm. (Fig. 3). Using 2 cm per temporary as per manufacturer's directions, 42 temporaries can be made per tube of Scutan. In choosing which base-

plate wax to use to take a pre-operative impression, this author has found the L. D. Caulk's pink baseplate wax to be the most amenable as reported by Dr. Ken Fritts.<sup>2</sup> Although any wax with similar qualities will work, this wax is particularly good for several reasons: (1) it is not extremely brittle and flexes somewhat as it is removed from tooth undercuts yet regains its original shape; (2) the range of temperature necessary to soften and chill this wax is not very broad, as it can be softened under hot water and chilled with an air-syringe. This maintains accuracy without exposing the patient to extreme temperatures.

### Technique

The technique for constructing this temporary involves taking  $\frac{1}{8}$  of a sheet of the baseplate wax and softening under either hot running water or in a hot water bath until it appears somewhat whiter and is quite soft. This is then folded into a double thickness and carried to the patient's mouth (Fig. 4). Wet heat is preferred to soften the wax rather than a dry heat to prevent any sticking to tissues and teeth. Once in the patient's mouth the wax is pressed firmly on the occlusals of the teeth to be restored as well as on the adjacent teeth. Then it is adapted well on the facial, lingual, and into the proximals of the teeth, as well as onto the adjacent soft tissues. If the last tooth in the arch is to be prepared, then adapt the wax around the distal of the tooth and onto the tissue of the

tuberosity or the retromolar pad for an additional stop when reseating the impression. Once the adaptation is complete, an air syringe is used to chill the wax to maintain the impression. (Fig. 5). This is then removed and inspected for the correct adaptation. It may then be placed into a cup of room temperature water or merely laid on the counter top for the duration of the appointment and be expected to maintain its shape. One other advantage in using the wax occurs when there are previously made diagnostic casts or there is a situation where it is desirable to restore the tooth to a form different from that with which the patient presents. In this instance, wax is added to the stone cast and, after adding a separating media, a wax impression is made on the cast just as in the mouth. Again, the degree of replication of the tooth surface depends on the softness of the wax and how firmly it is adapted when initially placed on the cast.



Figure 4. Soften  $\frac{1}{8}$  sheet of wax with hot water and fold into a double thickness

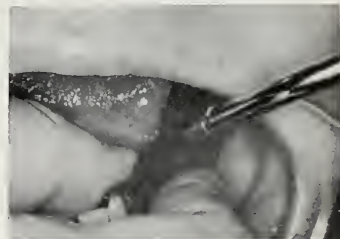


Figure 5. Press and adapt over teeth then chill with air syringe

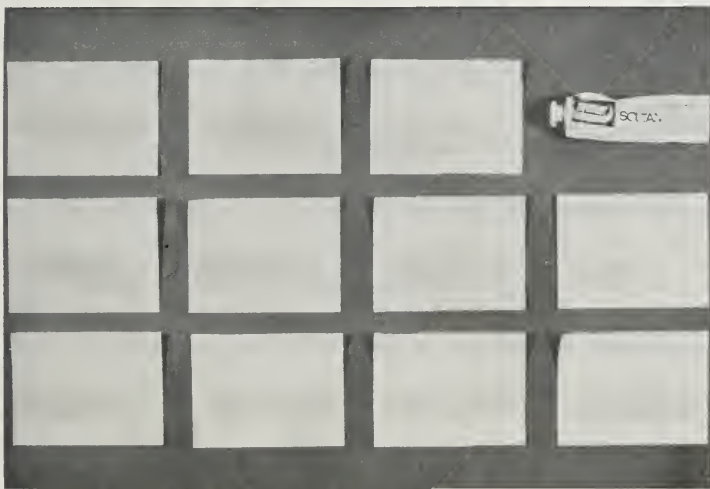


Figure 3. A 25 g. tube of Scutan holds 84 CM. of material

Once the preparation is completed, the fabrication of the temporary is begun. Using the manufacturer's directions, Scutan requires 2 cm of paste per unit to be restored. Once familiar with the material, 2 drops of catalyst per cm material provides sufficient working time. However, if it is desired to prolong the working time use only 1 drop of catalyst, keeping in mind that



one disadvantage of Scutan is the relative lack of viscosity, so the longer it takes the material to set, the greater the chance of the material flowing from areas critical (due to gravity). The working time with 2 drops catalyst per 2 cm material is approximately two minutes, whereas the working time for 1 drop of catalyst per 2 cm of material is approximately 3 minutes.<sup>7</sup> Since this material has a crosslinkage reaction, it has been shown that increased spatulation causes increased voids and bubbles to be incorporated,<sup>1</sup> so only spatulate the material enough to obtain a homogenous mix. Before mixing, the wax impression is dried thoroughly with an air syringe so the Scutan will adhere to it instead of the tooth. The material is then mixed and teased into only the region of the wax impression of the tooth being treated (not into regions of the adjacent unprepared teeth) (Fig. 6). It is important not to drop too large an amount of material in the wax impression which may cause air voids, and that the wax be dry so that the material will have a greater affinity for the wax than it does for the moistened tooth. Once the unit in the wax impression has been filled, then the impression is taken to the mouth and resealed just as it was adapted previously. It may be helpful to press on the wax of the facial and lingual of the adjacent teeth to insure that the wax conforms to the right thickness around the prepared tooth, but do not squeeze on that area of the prepared tooth because it no longer has any support underneath. Now the wax is held in place while observing the material left on the pad. By teasing it with a spatula observe when it reaches a point that, rather than being stringy, it tears apart with a white chalky margin. As soon as this is evident the wax impression and temporary should be removed from the mouth. This is usually approximately 45 seconds to one minute. During removal the Scutan remains with the wax and can be laid aside in its wax mold until further polymerization occurs, which takes approximately another two minutes. Immediately upon removal, inspect the inside of the tray as you would inspect a rubber base impression to see that all the margins have been recorded and that there are no voids (Fig. 7). Should it be necessary, the Scutan can be added to itself by merely adding some in the wax bite and then re-seating. It is advisable to trim out

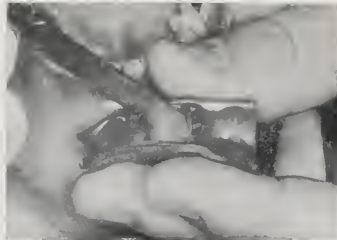


Figure 6. After preparing tooth, dry the wax and load the Scutan into the wax impression to be seated

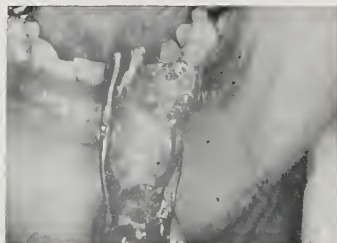


Figure 7. After initial set, remove wax and attached temporary and inspect

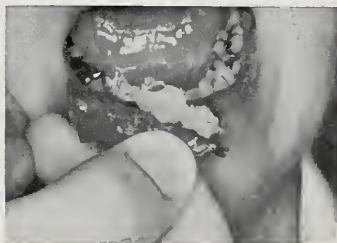


Figure 8. After final set, peel away wax and trim with a carbide bur

any undercuts in the temporary with a bur so that as the material in the first mix hardens it won't lock onto the tooth. However, once familiar with the material, the initial impression will be quite sufficient, and the material can then be left alone approximately 2 more minutes till it has hardened sufficiently. At this time, peel back the sides of the wax as you would in shelling a pea and remove the temporary from the wax (Fig. 8). The wax does not adhere to the temporary so none needs to be scraped off the temporary. Once removed, the temporary can be trimmed in hand with a carbide high-speed bur (#271). Note that the trimmed proximal surfaces get a dull appearance so it is easy to locate contacts remaining on the proximal surfaces as they will remain shiny. The temporary is then taken to the mouth to verify that

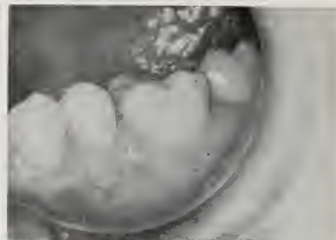


Figure 9. Finished temporary cemented with ZOE after 3 months

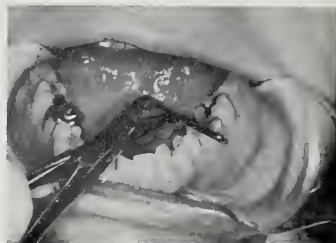


Figure 10. Towel forceps facilitate removal and handling of temporary

the occlusion is correct and may be subsequently cemented with a ZOE cement (Fig. 9).

When considering removal of acrylic temporaries or Scutan temporaries, one means this author has found to be of ease in removing temporaries is to use the 5" towel forceps as used in Oral Surgery (Fig. 10).<sup>8</sup> These simulate the action of two explorers which pinch into the temporary on either side and gently remove it occlusally without any need to pry or use a lot of leverage. This is a noted advantage when trying in a restoration without anesthetic in order to evaluate some of the occlusal factors involved, because it is less traumatic to the patient to use this method, as well as being safer in handling a small temporary in the mouth.

Several disadvantages that will be noted with Scutan are as follows: (1) if it is used over a prolonged period of time it tends to darken with age such that on anterior teeth where esthetics are a factor it is necessary either to have it in a minimum length of time or use a shade kit now provided on the market; (2) the resistance to the abrasion of Scutan is not as great as that of acrylic so it has a guarded usage on restorations such as posterior bridges involving a large segment of the arch and in patients who brux. The advantages, on the other hand, are as

(Continued on page 30)

ADDRESS BY CHANCELLOR FEREBEE TAYLOR  
DENTAL ALUMNI ASSOCIATION BANQUET  
APRIL 10, 1976



Chancellor Ferebee Taylor

This family party marks the culmination of a series of events celebrating the twenty-fifth anniversary of the founding of our School of Dentistry, and we have certainly had good cause for celebration.

There can be little doubt that the hopes and aspirations for this School, held by the people of our State, the members of the dental profession, and the officials of this University, have been fully realized. In just a quarter of a century, our School has come to be ranked at the forefront of all dental schools in the nation.

As we celebrate this tremendous achievement, it is important to recognize that the efforts of many groups and many individuals have made it all possible.

I would like to think that the tradition of the University of Chapel Hill was fundamental. I refer to our tradition of excellence plus our tradition of working closely with the people of our State. In this case, it is clear that the interest of the practicing profession, evidenced in so many ways, was crucial. No less important was the work done by the faculty and by its leadership: first, the late Dean John Brauer; more recently, Dean James Bawden; and now, Dean Raymond White. Upon the superb foundation developed so carefully by John Brauer and then brought to flower by Jim Bawden, Ray White is now leading the School into a future filled with promise. I take much pride in paying tribute, at this time, to each of these distinguished academic statesmen.

In the twenty-two classes that have graduated since our Dental School was founded, 1,060 D.D.S. candidates have received their degrees. Seventy-five percent of these graduates are now practicing in North Carolina, and they make up forty-three percent of the dentists now practicing in our State. The School's post-D.D.S. graduate program has produced 217 specialists, and we have also graduated 276 dental hygienists and 322 dental assistants.

In discussing the achievements of our School, I also want to mention our Dental Research Center. This is one of only five such centers in the nation supported by the Federal government. Ours has become a major enterprise for studies in oral biology in its short life of not quite ten years. One of its important features is that we not only have outstanding researchers directly involved, but we also draw on the rich resources of our University in the basic sciences and in clinical

fields in order to carry out this work. Additionally, our School has pioneered in the development of research activities aimed at learning how to improve the delivery of dental care to meet our people's needs in terms of accessibility, effectiveness, quality, and economy.

The true measure of a great university depends on the extent to which it can fulfill its research and service responsibilities in addition to, and related to, its teaching activities. Universities are not always successful in having their research functions understood by the general public, because it is sometimes difficult to express the importance of research in terms the public is prepared to understand and respect. This is partly due to the fact that the immediate utility of some research is not always readily discernible. But, as Professor George Taylor, the former Chairman of our Faculty, said recently in an address to our Faculty Club, "... the quality of life in every society depends on the scientific and cultural capital acquired through research; and to neglect the enlargement and renewal of that capital because it cannot be entered into a balance sheet is to diminish the American future." I know that all of you appreciate the importance of this, and I ask your involvement in helping your friends and neighbors also understand it.

The students and faculty of our School of Dentistry are not working in isolation. Not only are there close relationships in the area of research, but there is a continuing development of teaching programs which bring together the various elements of our institution: our Schools of Medicine and Public Health and North Carolina Memorial Hospital. The participation of our dental faculty in the AHEC program also facilitates these developments. The purpose of this is not only to widen their understanding of oral health and its needs, but also to educate students and practitioners in the other health professions regarding the role of dentistry. I know that all of you appreciate the need for this, and I hope you will support these activities as they develop.

I think we can be proud of the physical facilities occupied by our School of Dentistry. These have been enlarged steadily in this first quarter-century, and a small new building is now under construction which will form the basis for further expansion in the years ahead. While the bulk of the funding for these facilities has come from appropriations by our

General Assembly, there have been critical times when the dentists of North Carolina, and our alumni in particular, have raised funds which were crucial to our success in this regard. As our academic health science center in Chapel Hill has enlarged its teaching, research, and service capabilities, the role of dental care in this complex has become increasingly evident and has been significantly expanded.

What obligations does our School of Dentistry have as we look to the next quarter century? Having been recognized as the leading dental school in the nation, our School will certainly keep its present program intact. At the same time, we cannot assume that simply doing more of what is now being done will necessarily keep us in the front ranks. We will need to anticipate the future by introducing and evaluating changes in our programs of teaching, research, and service.

In addition to its obligations to students and the practicing profession, our School has responsibilities to society at large. It is appropriate that the School address those questions of dental manpower needs and dental service needs which it is now posing in concert with the North Carolina Dental Society and the Board of Dentistry as well as the Department of Human Resources and the other health science schools in our University. The cooperative manpower studies, spearheaded by the North Carolina Dental Society, in which our School of Dentistry is involved and which are being carried out by our Health Services Research Center, is an outstanding example of cooperative work of this kind. We look on this as the beginning of a series of cooperative efforts towards improving health care in North Carolina which, if done in an imaginative and effective way, can be helpful to the entire nation.

We need to realize that all the health problems of the nation cannot be solved simply by producing more dentists and physicians. There are other ways of solving these problems

which can have a significant impact. They include the development of ancillary personnel and more teamwork among all the health professions and technologies, and we are working at this in a variety of important ways.

I think we can all agree that the state of North Carolina has, over the long run, provided generous support for our dental education program. However, it is clear that public funds alone cannot bring institutions like ours to the high level of excellence that we have achieved and intend to maintain. Support is needed from the private sector, and this means that alumni, patients, and friends must help us in the future as they have helped us in the past.

Our alumni association is of great importance to us, not only because we can count on it for interest and support, but also because it expects much from us. Universities and their professional schools have a large responsibility to anticipate the future, not only by attempting to recognize emerging problems, potentials, and opportunities when they dimly appear on the horizon, but also by modifying and developing programs of teaching, research, and service which will lead the way successfully into that future. Our alumni can understand that and can lead others to support us in these efforts.

And so, on behalf of our University, I want to thank our faculty and its leaders, and to thank the members of the Alumni Association, for all that you have done together to produce our great School of Dentistry. As we celebrate, let us remember that success is a journey and not a destination. That journey will take us into new and uncharted territory. We can continue to do outstanding work as long as we maintain our standards of excellence, sharpen our vision to see into the future, and have the courage to take the new steps that will help us meet and shape that future.

## IN MEMORIAM

### North Carolina Dental Society Members

1975-1976

#### First District

Alton W. Bottoms, Canton  
George H. Carrell, Asheville  
Clayton Paul Kyles, Maiden—August 19, 1975  
W. J. McDaniel, Rutherfordton—March 28, 1976  
Hubert S. Plaster, Shelby—January 24, 1976  
Samuel H. Steelman, Lincolnton—June 16, 1975  
Henry T. Williams, Hickory—March 18, 1976  
William D. Yelton, Hickory—February 15, 1976

#### Second District

R. P. Casey, Charlotte—April 4, 1976  
Robert A. George, Mount Airy—February 24, 1976  
John W. Gibbs, Charlotte—October 14, 1975  
D. O. Montgomery, Statesville—January 3, 1976

#### Third District

William T. Burns, Chapel Hill—January 24, 1976  
J. Cecil Crank, Wrightsville Beach  
Robert L. Farmer, Greensboro—December 7, 1975  
John W. Menius, Asheboro—December 31, 1975  
J. B. Milliken, Siler City—June 29, 1975

#### Fourth District

Walter H. Finch, Jr., Henderson—December 25, 1975  
Jasper Jerome Tew, Clayton—December 15, 1975  
D. C. Woodall, Erwin—September 2, 1975

#### Fifth District

Lewis J. Dupree, Sr., Kinston—January 30, 1976  
W. T. Ralph, Belhaven—September 29, 1975  
Arthur L. Wooten, Wilson



# President's Address

PINEHURST HOTEL

Pinehurst, N. C.

May 9, 1976

As we celebrate this, our Nation's bicentennial, we frequently look back to dates and places from whence our heritage received direction two hundred years ago. Pressure for a complete break with Britain gained momentum in the early months of 1776. Rhode Island took matters into its own hands declaring its independence early in May. Several other colonies sent instructions to their delegates in the Continental Congress to call for a declaration of independence. On May 9, 1776, the Massachusetts House of Representatives in an effort to ascertain the sentiments of the colony with respect to independence, requested each town to instruct its delegates accordingly. That's the way it was May 9, 1776, two hundred years ago today.

It was little more than a year before that when a Boston silversmith (also a part-time dentist) named Paul Revere swung into the saddle and rode out one Sunday night in order to warn the patriots in Lexington and Concord, that two lanterns were shining in the steeple of Old Christ Church and the British were beginning to cross the Charles River. He knew that John Hancock and Sam Adams were in Lexington and he especially wanted them informed. That dentist, that Sunday night, started on a ride which, in a way has never ended.

Who will now go forth with a warning about the perils and dangers that are eminent and threaten this great profession of dentistry of which we are all a valued part?

We must build upon our past experiences and mobilize our total resources as we strive to eliminate the ravages of dental disease so prevalent in America and throughout the world. We must justify our efforts by results that can be demonstrated to improve the quality of life, for our patients in particular, and mankind in general. We are proud that our profession has advanced from the time of Paul Revere when it was reported that a large percentage of the population had lost half their teeth by the age of 20, to the present time when American dentistry is recognized as the best throughout the world.

All North Carolinians should be proud of those untiring and dedicated dentists who were so instrumental in establishing a dental school at the University of North Carolina which has continuously advanced during the past more than twenty-five years to the place



President Maxwell presents \$2,500 check to Dean Raymond P. White for student scholarships.

## THE NORTH CAROLINA DENTAL SOCIETY presents to THE UNIVERSITY of NORTH CAROLINA SCHOOL of DENTISTRY

*a check for \$2,500.00 which will be used to provide matching resources necessary to utilize available federal funds in the student loan program. Allocated federal funds in the amount of \$25,000.00 may be matched by this donation. It is anticipated that this donation will not only provide for additional financial support for dental students, but also provide for increased flexibility of funds within the School of Dentistry for operation of its programs.*

May 10, 1976

*Harold F. Maxwell*  
HAROLD F. MAXWELL, PRESIDENT  
NORTH CAROLINA DENTAL SOCIETY

where it represents leadership in dental education in the world today by having been designated the number one dental school in America.

We salute you for these superlative achievements as you conclude your 26th year. May you continue to excel in your special and valuable role in the profession. We recognize and applaud your superior contribution in the component of education and research.

To continue its role of excellence, this great institution needs continuing financial support. Hopefully each of us will respond to the challenge presented by the Dental Foundation of North Carolina to make tremendously increased amounts available to our school of dentistry. This would give the school options in planning its educational program that seldom exist because of restrictions and guidelines always attached to large sums of money, especially those from the Federal Government.

There are other means by which these options may be effected. And that is by your continued support of the North Carolina Dental Political Action Committee. Much greater participation has been generated this year and hopefully there will be even more next year.

thirty-five dollars a year is a small amount to contribute to a cause that may very well be potentially our most practical method of preserving our fee-for-service, private practice dental health delivery system. This is the most effective method in gaining entrée with (and getting the ear, so to speak) of those people who are passing laws which determine the future of our very lives and the future of the dental health of the people of this state and nation. By our united efforts the impact for dentistry will be geometrically increased. Help now while it can really matter. Since much of the political effort concerns the institutional or governmental dentists equally as well as the private practitioner, it is hoped they will be willing participants and supporters of efforts regarding their own salvation.

We are vitally interested in dental manpower needs and dental manpower distribution. I have appointed a committee that is working with Dr. Gordon Defriese of the Health Services Research Institute and a current study is being made of the availability and location of all dental health manpower in North Carolina.

In 1960-63 a statewide survey of dental disease in North Carolina was conducted by Drs. Fulton and Hughes of the University of North Carolina School of Public Health. The project was a landmark epidemiological study and no other state has had this type information upon which to base its dental program planning. However, the data collected 13 to 15 years ago can no longer be regarded as applicable to conditions today.

At the urging of the manpower committee the Dental Foundation of North Carolina with the assistance and support of the North Carolina Dental Society has secured funds to replicate the Fulton-Hughes study. This study is being conducted in cooperation with the North Carolina Dental Society, the University of North Carolina Schools of Public Health and Dentistry, and the Dental Health Section of the North Carolina Department of Human Resources in an effort to determine the oral health status of the North Carolina population in 1976 as compared to that in 1963. The data will also serve as the baseline information to permit evaluation of the state's preventive dentistry program 10 years hence; and will provide certain types of information relative to the Dental Society's manpower study. Data will be collected for this study from a random, stratified sample of households in North Carolina, beginning in early June, 1976, by two-person teams consisting of a dentist and a dental hygienist, or another person trained in the methodology of data collection. The data should be collected by the end of the summer, and will be subjected to analysis in the following months to allow the North Carolina Dental Society to plan carefully for the future and make sound, documented recommendations to appropriate agencies.

The Manpower Study Committee of the North Carolina Dental Society is making every effort to inform the entire dental profession in North Carolina of this study, its purpose, how it will be conducted, and the time period. We know that you share our concern for the oral needs of the citizens of this state, and we solicit your support of this study.

This year, we have several questions to be asked in our state desiring to be approved for a national health service corps facility. I have appointed a dental manpower advisory committee to help these communities assess their dental needs. If it is demonstrated that dental care is not available for the residents of that area, the committee will assist that community in meeting its needs from the private sector. If then, dental services cannot be obtained from the private sector it behooves us to assist these areas and groups in providing for dental services via the national health service corps. Local dentists and local county dental societies are encouraged not to approve or disapprove these national health service corps applications until after the state dental manpower advisory committee has met with you and helped evaluate the application. We must make every effort to insure that comprehensive dental care is reasonably available to every North Carolinian. Perhaps only some redistribution of dental manpower is needed. A survey made a little more than a year ago indicated at least 75 percent of all North Carolina dentists could and would willingly accept new patients into their practices. So with this elasticity it would not be difficult for us to meet any reasonable dental goals.

During the past year, we were successful in getting a dentist elected to the governing board of every area health service agency in the state. These agencies have tremendous potential under our law regarding health services and the health delivery system. In an effort to monitor these agencies as they may relate to dentistry it would be advisable if the dental members of these boards would forward to our central office the minutes of each meeting and the resolutions passed so that a cross reference could be maintained regarding all dentally related matters.

Representatives of the state society attending various American Dental Association council sponsored meetings could also file reports in the Central Office. Collectively these reports could serve as resource material for the newsletter and State Journal and as an expository for our membership.

In the area of public relations I have been most impressed by the Public Education programs given by the American Dental Association, and the Burson-Marsteller consultants. Effective training methods were used and progress is being made in providing qualified spokesmen for the profession. I would strongly urge that a state public education program be scheduled as soon as possible. Assistance from the American Dental Association is available for such workshops. These can be very meaningful and can help the profession convey to the public our concerns for them and of the values available in comprehensive dental health care today.

It has been suggested (and I would refer this recommendation to the incoming president for investigation and evaluation) that the North Carolina Dental Society establish its own family practice module with its own board of directors, to work in certain experimental or fact-finding programs as the society might determine. This module could function independently in a community college or area health service center setting, or it could be shared and controlled jointly with the school of Dentistry. The Dental Institute of North Carolina has been suggested

for the name for such a project. Hopefully, such a project could preclude certain pragmatic dichotomy between components of our society.

In March of this year, the North Carolina Dental Society House of Delegates passed a resolution stating: "The use of tobacco can be injurious to the oral health." The American Dental Association has banned smoking on the floor of the House of Delegates and in the reference committee hearings. On every package of cigarettes you see this notice: "Warning—the Surgeon General has determined that cigarette smoking is dangerous to your health." So we see wide spread concern regarding the effects of tobacco. We wonder why hasn't the surgeon general investigated the dangers of using sugar? Where is the sign warning: The Surgeon General has determined the use of sugar is dangerous to your health? Some research scientists have declared that if sugar, "refined" carbohydrates were discovered today it would be labeled poisonous.

Our North Carolina General Assembly reconvened last Monday, May 3rd. It is concerned primarily with the budget. We hope they will continue and enlarge the preventive dentistry program. A great way for the legislature to generate increased revenue and at the same time improve the health of all North Carolinians would be to tax sugar. If sugar and all products containing sugar were taxed, increased funds would be available and the use of the detrimental products would be discouraged. Could not the North Carolina Dental Society, could not the American Dental Association, could not the entire dental profession take a stronger more active roll in alerting the public to the dangers of this product?

It would be impossible in the time allotted to review the entire dental society program for the past year, but I have shared with you points of view on just a few of the issues before us today. Jolene and I have enjoyed our travel to every district in the state, the renewal of acquaintances, and the new friends we met. We sincerely thank you. Even though the past year has required me to be out of my office and away from home a considerable amount of time, it has been a very rewarding experience for me.

It takes the combined efforts of many people across the state to note and react to the myriad of issues confronting our profession today and to effect consenses on policy. Thank you, one and all, for your support, your encouragement, your concern. I shall be forever grateful if my contribution in any way has made North Carolina a better place in which to practice dentistry, and a better place for the public to obtain better comprehensive dental health care.

It was nearly midnight when Paul Revere arrived in Lexington. Afterward on the way to Concord, he was captured, but was later released. Who will continue the ride for Paul Revere? Who will remain vigilant and be prepared to take the message, to take the warning?

It was during the same era that another patriot spoke in that colony just to the North of us. His words were, "they tell us that we are weak—unable to cope with so formidable an adversary. But when shall we be stronger? Will it be the next week,

or the next year? Will it be when we are totally disarmed, and when a British Guard shall be stationed in every house? Shall we gather strength by irresolution and inaction? Shall we acquire the means of effectual resistance by lying supinely on our backs, and hugging the delusive phantom of hope, until our enemies shall have bound us hand and foot? Sir, we are not weak, if we make a proper use of those means which the God of nature hath placed in our power. Three millions of people armed in the holy cause of liberty, and in such a country as that which we possess, are invincible by any force which our enemy can send against us. Besides, sir, we shall not fight our battles alone. There is a just God who presides over the destinies of nations, and who will raise up friends to fight our battles for us. The battle is not to the strong alone: it is to the vigilant, the active, the brave. We have no election. If we were base enough to desire it, it is now too late to retire from the contest. There is no retreat, but in submission and slavery! Our chains are forged; their clanking may be heard on the plains of Boston! The war is inevitable —let it come! I repeat . . . let it come! It is in vain . . . to extenuate the matter, gentlemen may cry peace, peace. —but there is no peace. The war is actually begun! The next gale that sweeps from the north will bring to our ears the clash of resounding arms! Our brethren are already in the field! Why stand we here idle? What is it that gentlemen wish? What would they have? Is life so dear, or peace so sweet, as to be purchased at the price of chains and slavery? Forbid it, almighty God! I know not what course others may take: but as for me . . . give me liberty or give me death!

Do not the famous words of Patrick Henry contain a message for the Dental Profession today? I think so. Thank you.

H. E. MAXWELL, D.D.S., President  
Fayetteville, N. C.

## GREECE EXCURSION

Sept. 26-Oct. 3, 1976

Cost—approximately \$700 per person, double occupancy  
From—Washington, D. C.

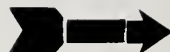
Includes:

- Travel
- Deluxe Hotel
- 3 day Mediterranean Cruise
- Most Meals

Coincides with meeting of Federation Dentaire  
Internationale.

Mrs. Denise McNamara  
Call 800-225-8833 for Information





1. Newly-elected officers of the North Carolina Dental Society L to R: Dr. Robert B. Litton, Shelby, North Carolina, President-Elect; Dr. Harold Maxwell, Fayetteville, North Carolina, Immediate Past President; Dr. R. B. Barden, Wilmington, North Carolina, President; Dr. D. W. Seifert, Raleigh, North Carolina, Vice-President; Dr. J. Harry Spillman, Winston-Salem, North Carolina, Secretary-Treasurer.

2. Newly-Elected President "Buck" Barden holds a breakfast for committee chairmen.

3. Drawing of door prizes on Wednesday morning. Dr. Steve Walsh of Asheboro, North Carolina is amazed at being the grand prize winner of a modular stereo system.

4. Demonstration of a 1776 model rifle.

5. "Don't Tread on Me" was the flag carried by a group of militiamen during 1776. A 1776 infantry demonstration is given for the members attending the Monday afternoon reception on the lawn of the Pinehurst Hotel.

6. Our banquet speaker brought humor to the occasion.

7. Dr. Freeman Slaughter is recognized for his achievement in contributions to the North Carolina Dental Society by Dr. Guy Willis.

8. Dr. and Mrs. Ralph Coffey are recognized for their many contributions to the North Carolina Dental Society.

9. President Maxwell presents an award of achievement to an old friend, Dr. Kermit Knudtson.

10. Dr. Fred Has'ey of Fayetteville, North Carolina congratulates the evening's entertainment leader for a fine performance.

11. A new innovation at Pinehurst this year was diner on the lawn of the Pinehurst Hotel.

12. The installation of President "Buck" Barden by Harold Maxwell and Mary Ann Barden.

13. Newly-Elected President Barden installs President-Elect Litton as Vice-President Seifert looks on.

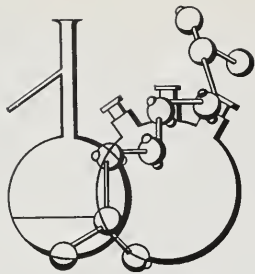
14. Dean White receives plaque of recognition from the President of the Academy of General Dentistry, Richard Hines.

15. ADA President Elect Shuler is made an honorary member of the North Carolina Dental Society.

16. Fifth District Trustee John Faust is recognized and awarded a plaque by President Harold Maxwell.

17. L to R: American College of Dentists Deputy Regent Bill Draffin explains a point as President of the Carolinas Section of the ACD looks on.





# inside dental research

K. F. Leinfelder, D.D.S., M.S.\*

D. F. Taylor, B.S.E., M.S.E., Ph.D.†

## A History of Resin Restorative Materials

The introduction of acrylic resin to the dental profession as an esthetic restorative material occurred shortly after World War II. Almost immediately the material was accepted as a substitute for silicate cement since the latter possessed many inherent disadvantages which resulted in only a short period of clinical service. Essentially this new material was based upon the same formulation as acrylic denture base materials. It came in the form of a powder and liquid, with the powder consisting predominantly of polymethyl methacrylate, and the liquid of methyl methacrylate monomer. The manufacturers of the direct filling resin simply reduced the size of the spherical particles, and introduced an amine activator such as dimethyl aniline or dimethyl p-toluidene to start the reaction without heat. Some manufacturers used controlled blends or ranges of particle sizes for the purpose of enhancing the packing characteristics of the powder and thus reducing curing shrinkage. As in the case of denture base resins, the initiator consisted of benzoyl peroxide which was incorporated into the powder. Shading was commonly made possible by impregnating pigments into the surface of the polymeric particles by ball milling.

The amine activator was incorporated into the liquid which otherwise resembled those of denture base materials. The main liquid ingredient was methyl methacrylate monomer, and it normally contained in addition to the amine, a second, crosslinking, comonomer and a small amount of a quinone inhibitor to prevent polymerization during storage.

The acrylic resin was by comparison more aesthetic and "life-like" in appearance than silicate cement. In addition, it was readily adaptable to the cavity walls and offered good resistance to solubility in oral fluids.

The use of these materials and the number of brands available grew very rapidly. A representative list of some of the very early resin restorative products is given in Table I.

Within a short period of time, however, it became clinically evident that these new materials were not fully successful. Generally, failures resulted from recurrent decay,

Table I Early Acrylic Resin Restorative Materials	
Material	Manufacturer
Ames	The W. V-B Ames Co.
A-thermoplast V-10	Athermoplast Products, Inc.
Dentafil	Dental Fillings, Ltd.
Duz-all	Coralite Dental Products Co.
Fastcrown	Acralite Company, Inc.
Kadon	L. D. Caulk Company, Inc.
Plasto-filling pf3	Plastodont, Inc.
Replica	Cosmos Dental Products, Inc.
Texton	S. S. White Dental Mfg. Co.
Vitafilling	Vitaliner Co.

discoloration and interfacial or marginal staining. Simultaneously, information regarding physical and chemical properties of these materials as well as results of histological studies began appearing in the dental literature.

It was generally agreed that the self-curing acrylic resins were irritating to the dental pulp. There was not full agreement, however, as to the severity of irritation. One group of investigators<sup>1, 2</sup> believed the proprietary resins to be less irritating than silicate cement, while another group<sup>3-8</sup> believed these new materials would cause considerable harm to the pulp.

In an evaluation of eleven proprietary direct filling resins, Smith and Schoonover<sup>9</sup> demonstrated a six-eight percent volumetric reduction during polymerization. Nelson, Wolcott and Paffenbarger<sup>10</sup> were able to demonstrate a fluid exchange at the tooth-resin interface when subjected to temperature changes. This "marginal percolation" was caused in part by a difference in the coefficients of thermal expansion of the tooth and restorative material as well as by the original curing shrinkage. In many instances the resin material expanded and contracted eight times as much as tooth structure during thermal cycling. In a clinical study related to this problem, Hedegard<sup>11</sup> showed that after three years over ten percent of 289 direct resin fillings had recurrent decay around or beneath them whereas none had occurred around 115 silicate cement restorations used as controls. Kraus and Kraus<sup>12</sup> reported that in more than 500 clinical

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cases they found as a rule that direct filling resins fillings had undergone marginal leakage and resulting recurrent decay.

Caul and Schoonover<sup>13</sup> observed color or shade changes in all direct filling resins included in their study. Gradual shifts in color were found to result from contact of the chemical activator with the peroxide which served as the initiator. Furthermore the polymerized resins were sensitive to ultraviolet light. As a result, exposure to sunlight caused a further color shift toward yellow or brown.

In an attempt to improve the clinical properties of direct filling resins, manufacturers and clinicians made several approaches. The problem of color stability was greatly reduced by substituting *p*-toluene-sulfinic acid or other derivations of sulfinic acid for the amine activators. It was subsequently reported by investigators that the color stability was excellent.<sup>14, 15</sup> The problem of polymerization shrinkage was approached clinically by Nealon<sup>16</sup> who advocated inserting the resin material into cavity preparations in small amounts with a brush. He conjectured that although shrinkage might not be suppressed or lessened, it could be made to concentrate on the open surface of the restoration. This "brush-bead" technique was adopted by many clinicians and resulted in substantial reduction in marginal staining.<sup>17</sup>

Still another technique of controlling polymerization shrinkage of resin restorations was introduced.<sup>18</sup> This system, which is the "bulk-flow" technique, consists of mixing the powder and liquid to a thin consistency (60% monomer and 40% polymer) and inserting it into the preparation by means of a jiffy tube or periodontal probe. The preparation is filled to excess and the surface is coated with a layer of wax. If the excess is sufficiently great, there is no need to cover with wax since any rough or soft surface layer will be removed during the finishing process. No matrix is employed with Class V preparations whereas a dead soft metal matrix is generally used to form the lingual wall of Class III and Class IV preparations. Since the initial fluidity of the monomer rich resin is so great there is intimate adaptation to the walls of the prepared cavity. As a result the direction of polymerization shrinkage is directed toward the dentinal surface.

Once the relationship between the properties and clinical performance of these materials became known, manufacturers began incorporating fillers into acrylic resins in an attempt to improve physical and chemical properties. The fillers consisted of glass, aluminum oxide or other ceramic powders in the form of fibers or small glass beads. A scanning electron micrograph of a number of resin polymers is illustrated in Figure 1. The polymer powder of a typical denture base resin (lucitone 199) is shown in Figure 1-A for reference. The polymer powder of an unfilled acrylic resin (Sevriton) is illustrated in Figure 1-B. Note that although the particle size is substantially smaller than the denture base resin, the range or blend of particle sizes is greater. The powder portion of a glass filled acrylic resin (Merdon-7) is demonstrated in Figure 1-C. The rod shaped particles seen in the photomicrograph are the

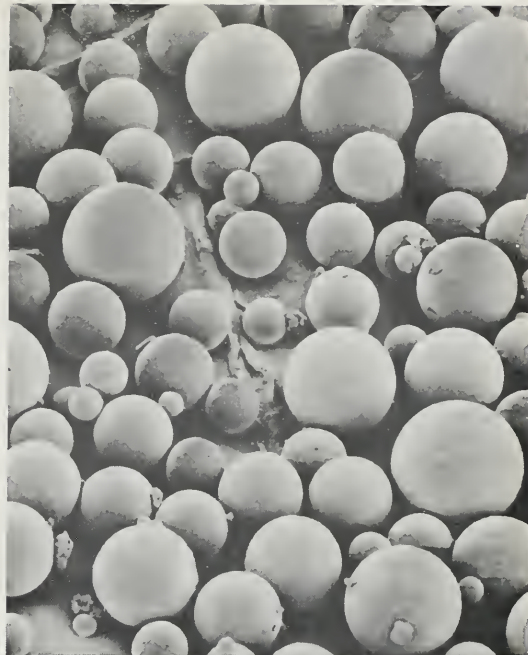


Figure 1-A. SEM photomicrograph of denture base polymer (Lucitone 199). Original magnification 160X.

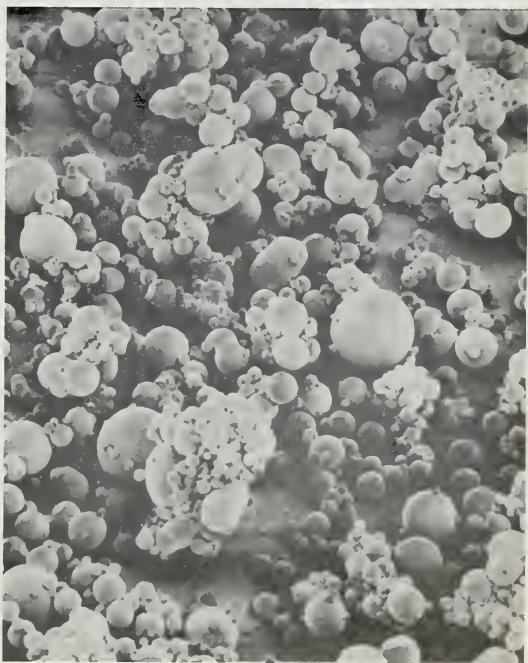


Figure 1-B. SEM photomicrograph of an unfilled acrylic resin polymer (Sevriton, S-4). Original magnification 160X.

Lucitone 199—L. D. Caulk Co., Milford, Delaware  
Sevriton—Amalgamated Dental Trade Dist., Ltd., London, England  
Merdon-7—American Consol. Mfg. Co., Inc., Philadelphia, Pa.

glass rods or fibers added to the purpose of enhancing the mechanical characteristics. The spheres are polymer particles.



Figure 1-C. SEM photomicrograph of a glass filled acrylic resin (Merdon-7). The spherical particles are poly-methyl methacrylate, whereas the rod shaped particles are glass fillers. Original magnification 160X.

A representative list of resin restorative materials belonging to this type is given in Table II.

**Table II**  
**Filled Acrylic Resin Restorative Materials**

Material	Manufacturer
Spectrum	Plastic Products Co. of America
Chameleon	U. S. Poly Industries Corp.
Class IV	American Consolidated Mfg. Co., Inc.
Amalgamique	American Consolidated Mfg. Co., Inc.
Permite A	American Consolidated Mfg. Co., Inc.
Merdon-7	American Consolidated Mfg. Co., Inc.

Since the fillers in some of these materials did not bond to the acrylic matrix and were also insufficient in concentration, the intended increases in mechanical properties were not achieved.<sup>19</sup> One of the positive results stemming from the incorporation of glass particles was the improved ability of these resin restorations to match the appearance of the surrounding tooth structure. Since the glass, quartz or other type of inorganic fillers differ greatly in refractive index from the surrounding resin, they scatter light and pick up the color of the surrounding enamel. The color matching ability of

the glass filled resins was so successful that a number of proprietary products consisted of only three or four shades.

The greatest improvement in aesthetic restorative materials came about with the introduction of the "composite" resins. The first proprietary material was developed and manufactured by the 3M Company (Minnesota Mining and Manufacturing) a little over a decade ago. The general chemical formulation was based on the material developed at the National Bureau of Standards by Bowen.<sup>20, 21</sup> The matrix was a reaction product of bisphenol A and glycidyl methacrylate while the filler consisted of fine particles of glass or quartz. The inorganic content of this new material approximated 75 to 78 percent as compared to about 20 percent for the filled acrylic resins. These particles were coated with a coupling agent, such as an appropriate silane, to provide an adhesive bond between the filler and the resin.

The term "composite" was borrowed from the field of Materials Science, a major branch of engineering. A composite is commonly defined as a material made of two or more components, providing properties better than those of either of the components. The list of natural and man-made composites is endless. Bone, for example, is a composite of collagen and calcium apatite. Collagen is soft but strong, whereas calcium apatite is hard but brittle. Wood, another example of a natural composite, is a composite of lignin and cellulose. The cellulose fibers are flexible but possess high tensile strength. The lignin cements the cellulose fibers together and yields a product of tremendous strength and toughness. Fiber glass on the other hand is an example of a man-made composite and consists of glass fibers in a plastic matrix.

Although the first dental composite material (Addent 35) was substantially superior to its acrylic resin predecessors in terms of strength and abrasion resistance, it exhibited a number of serious deficiencies. Most notable was the setting time, which ranged from one or two minutes to an hour or more. Secondly, the color matching ability was less than ideal. One of the reasons for this deficiency was the fact that this early composite material was available in only one shade. In small preparations the composite appeared almost inconspicuous. However, the larger the size of the preparation the grayer the restoration appeared since that was its characteristic color. Furthermore, since a portion of the filler particles was spherical in shape (see Fig. 2) they easily became dislodged from the surface. The vacancies left by the lost spherical particles contributed in part to a roughened surface which in turn encouraged staining. A scanning electron micrograph illustrating the shape and range of sizes of the filler particles of this first composite is shown in Figure 3. These clinical deficiencies were largely overcome with the development of a modified composite (Addent 12). Major changes in this new material included the use of irregular shaped particles as fillers (see Fig. 4), better control of the setting time and a whiter, more opaque appearance. The manufacturer also provided a tinting kit made up of fine ceramic powders for more accurate shade control.

Addent 35—3M Company, St. Paul, Minnesota  
Addent 12—3M Company, St. Paul, Minnesota





Figure 2. SEM photomicrograph of a fractured surface of first proprietary composite restorative material. Both the spherical and rod shaped particles are glass fillers (Addent 35). Original magnification 900X.

The apparent success of these first composite restorative materials prompted a large number of dental manufacturers to develop and manufacture similar products. Within a few short years there were more composites on the market than filled and unfilled acrylic resins combined.

A recent comparison of the currently available composite resins to the conventional acrylics revealed an appreciable increase in many physical properties.<sup>19, 22, 23</sup> Invariably these new materials exhibited greater compressive and tensile strength, higher modulus of elasticity, superior hardness and resistance to abrasion, lower polymerization shrinkage and a reduced coefficient of thermal expansion.

These studies found a range of properties to exist among the various proprietary composite resins. For example, some were found to have faster rates of hardening while others exhibited greater tensile and compressive strengths. Differences in color stability and water sorption were also observed. Many of the differences probably resulted from variations in the type and concentration of filler used. Although some of these differences were appreciable, it was unknown whether or not it was clinically significant.

The manufacturers of some composites became so impressed with the improved physical and mechanical properties of these materials that they began to advocate them as a suitable substitute for amalgam

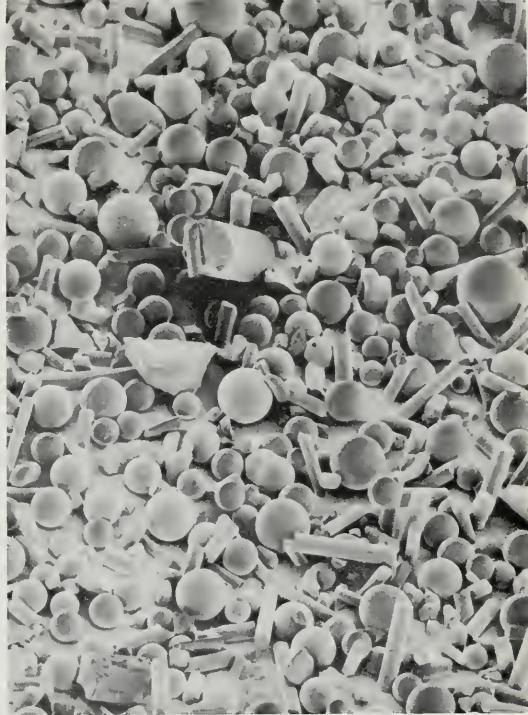


Figure 3. SEM photomicrograph of filler content of original composite restorative material. Resin matrix has been washed away with a chloroform solvent (Addent 35). Original magnification 160X.

restorations in posterior teeth. Such claims were commonly accompanied by individual clinical testimonials that composites could be successfully used for the restoration of all classes of cavity preparations. Although several clinical studies on the use of composite filling materials have been reported, only a limited number have attempted to present evaluations under controlled conditions.<sup>24-29</sup> Even fewer studies have evaluated the use of composites as a substitute for amalgam.

In a clinical evaluation of composites inserted in anterior and posterior teeth at the UNC Dental Research Center a number of important observations were made.<sup>30</sup> First of all, it was shown that after two years of clinical service the rate of wear of composites was substantially greater than the amalgam controls. It was further observed that the wear not only occurred on the occlusal surface but in the contact areas as well, resulting in mesial drifting of the posterior teeth. Secondly, a comparison of the wear rate of composites to acrylic resin (Sevriton) in anterior restorations revealed that the composites were somewhat superior. It should be noted, however, that the color matching ability of Sevriton was substantially better than the composites, regardless of how long the restorations had been in place.

Although composite resin restorations are generally superior to their acrylic resin predecessors in terms of clinical service, they fall short of being the ideal restorative material. Like all other restorative materials,



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## KEARNEY

(Continued from page 6)

been successful due to the lack of attendance at the few meetings held. Some progress was made at a meeting held in May, 1975. During this meeting, we realized that the dentists knew very little about how the NCDAA functions. Through this committee, this year, I hope the interest is greater for well planned and well attended meetings to discuss the problems of the two organizations. We hope this committee will keep the NCDS informed on current developments in registration or li-

censure, or any other matters of mutual concern to the two organizations.

Our 1975 ADA House of Delegates made changes in the by-laws concerning membership status. Qualifications for active membership in the ADAA were changed to require that certification be the criterion for active membership, effective with the collection of 1978 dues. Those who are members at that time will not be affected by the new requirements. Non-certified dental assistants will be able to join as associate members after 1977, providing they are enrolled in programs lead-

ing to certification prior to applying for membership; however, they must become certified within five years or forfeit membership. The reason for these changes was to have an educational requirement for membership to upgrade our association's image. The dentists and hygienists are required to meet certain educational requirements before they can acquire membership in their respective professional organizations. However, they are not required to meet educational requirements to maintain their licenses as the certified dental

(Continued on page 28)



# first district news

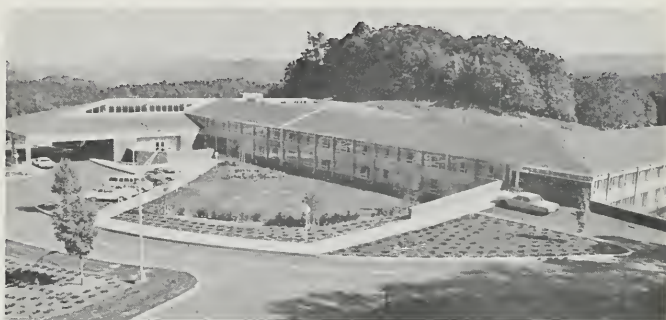
James B. Macomson, D.D.S., Editor

## ANNUAL AUTUMN MEETING—1976

For the first time the annual First District Autumn Meeting will be held at Appalachian State University's new Center for Continuing Education in Boone, North Carolina. This unique facility, which sits on top of a 100-acre knoll in the Blue Ridge Mountains, commands a panoramic view. It is a complete living/learning complex that is designed to meet the educational needs of the region, state and nation. In this setting, away from urban areas, people from all walks of life are returning to school with over 400 programs being held in the center each year.

The center is also an ideal facility for all types of meetings, with a professional staff to assist in planning, lodging accommodations, meeting space, audiovisual aids and operators, exhibit space, and recreational activities for children and adults. The first district is happy to be able to utilize this facility which is a source of pride for Appalachian University, the district and the state.

The featured speaker for the program will be Henry M. Tanner, D.D.S. Dr. Tanner is a graduate of the University of Southern California School of Dentistry. Dr. Tanner is Assistant Director of Education, the L. D. Pankey Institute for Advanced Dental Education. Previously, he was an Instructor and Associate Professor of Operative Dentistry, University of Southern California School of Dentistry; Instructor of Crown and Bridge and Operative Dentistry, Naval Dental School, National Naval Medical Center, Bethesda, Maryland; and Professor and Head of Department of Fixed Prosthodontics, Uni-



Center for Continuing Education  
Appalachian State University

versity of Southern California School of Dentistry.

He is a diplomate of the American Board of Prosthodontics; Fellow, American College of Dentistry; and holds membership in the American Academy of Restorative Dentistry; American Academy of Crown and Bridge Prosthodontics; American Academy of Dental Practice Administration; and American Academy of Gold Operators.



Dr. Henry M. Tanner

The First District would like to invite any interested friends from other districts to attend this program.

### PROGRAM

#### Friday, September 24

- 10:00 Golf Tournament,  
Linville Country Club
- 2:00- 5:00 Registration—Lobby
- 5:30- 6:30 Cocktail Party in honor  
of the State Dental  
Society Officers
- 6:30 Buffet Dinner
- 8:00-10:00 Annual Business Meeting

#### Saturday, September 25

- 8:00- 9:30 Breakfast
- 8:30-12:00 Registration
- 9:30-12:30 Dr. Henry Tanner—Fixed  
Prosthodontics
- 12:30 Lunch (Buffet)
- 2:00- 4:30 Dr. Tanner—Various  
Methods for Reinforcing  
Root Abutments
- 6:30- 7:30 Cocktail Party honoring  
New Members and  
their wives
- 7:30- 9:00 Dinner at Leisure
- 9:00-12:00 Dance, Ball Room

#### Sunday, September 26

- 8:00 New Members Breakfast
- 8:30-10:30 Table Clinics
- 10:30 Brunch—Induction of  
New Members and  
Installation of Officers
- 12:00 Adjournment—Sine die



# Still a Dentist at Heart

James B. Macomson, D.D.S., Editor

Dr. Harry Bloom of Lincolnton, North Carolina, a 1903 graduate of the New York College of Dentistry (now New York University School of Dentistry) has readily won the admiration and respect of those he met on a recent visit to the UNC School of Dentistry. At the age of 93, Dr. Bloom still maintains an active interest in the dental profession although he has not practiced dentistry in 59 years.

Dr. Bloom's mental alertness is not all that is remarkable about him. He is, for instance, quite physically fit. His hearing is normal, he requires glasses only for reading, he possesses all of his natural teeth with the exception of one lost last year, and he has not lost his hair. Dr. Bloom does not mention if these attributes are related to the fact that he has been a vegetarian until this year when he condescended to add some animal protein to his diet; he does not smoke or drink alcoholic beverages, and he has never married.

One might wonder why Dr. Bloom did not continue practicing dentistry after 1917. At that time he was practicing in New York and was called into service by the United States Government because of World War I. Dr. Bloom worked as a civilian for the U.S. Navy. This assigned duty from the office of Bernard Baruch was to travel to woolen mills and obtain materials for blankets for military personnel.

Dr. Bloom never returned to the practice of dentistry. Instead, he formed his own company for the pro-

duction of woolen goods for men's clothing. After eight years he joined his brother who was the founder of Bloomcraft Mills. Dr. Bloom came to Lincolnton to establish an 85,000 square foot warehouse for the distribution of his company's products. Falling in love with North Carolina, Dr. Bloom has lived the past twelve years in Lincolnton. After serving Bloomcraft for fifty years, Dr. Bloom reluctantly retired at age 92.

Over the years never losing contact with the dental profession by actively

continuing his interest in his Alma Mater, New York University School of Dentistry, Dr. Bloom now hopes to repeat his visit to the UNC School of Dentistry for a more in depth understanding of today's dental education and research. "I am just really getting started," Dr. Bloom explains.

In the words of a professor at the UNC School of Dentistry, Dr. Bloom "is an inspiration to the young, a credit to his profession, and a perfect example of private enterprise and the American dream."



L-R, Dr. Bloom and Dr. Shankle. Dr. Bloom is interviewed on his recent visit to the UNC School of Dentistry.

## KEARNEY

(Continued from page 26)

assistant must do for certification renewal. Everyone has complained about absence of status and recognition for the dental assistant. Low salaries are an objective as well. We may never receive needed benefits unless we have educational requirements, certification and registration. If we demonstrate intelligence and ability, then status recognition, and higher salaries will soon follow. If two levels of dental assistants become law, much like the registered nurse and the licensed practical nurse, we would not be the only ones to benefit. Stricter educational requirements

through registration would assure patients trusting us in delivering the best of dental health care. Some feel the primary reason many dentists oppose registration or licensure is an unwillingness to compensate monetarily for this additional education or training. The old saying, "You get what you pay for" may apply.

We doubt if anyone would disagree with the concept of an educated profession. It is truly the basis upon which to build higher proficiency and to move into the expanded function echelons in dentistry. It is a means of broadening the goals of persons entering the profession. It is the foundation upon which

to build greater recognition for dental assisting in dentistry and in the allied health professions.

In closing, let me declare to all the pleasure that I anticipate during this year of continuing service to the dental profession. I am both proud and honored to work within our fine profession for improvement. This is the year for a "Spirit of Achievement" in our profession and in our nation. Let's work together to make it the best year yet. As President of the North Carolina Dental Assistants Association, I challenge you, the dentists of North Carolina, to help us make this year our year of ACHIEVEMENT.



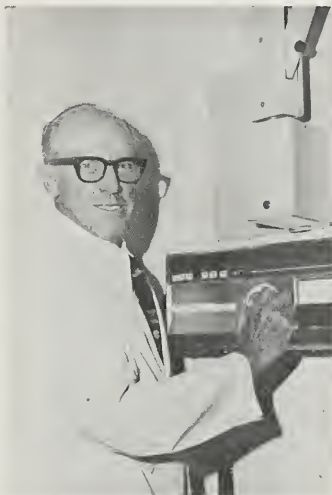


# second district news

Jim A. Harrell, Jr., D.D.S., Editor



Dr. Kenneth D. Owen  
President



Dr. William Updegrave



Dr. Alvin Fillastre

## AUTUMN PROGRAM

"The modern day restorative dentist must not only develop sound and efficient means of handling the technical aspects of his field but he must have a sound personal and practical philosophy. Periodontal considerations must be upper most in his mind and he must place great emphasis on prevention if he is to be truly successful. He should be oriented toward treating people rather than teeth." These are the words of Dr. Alvin Fillastre, this year's featured clinician at the *Tar Heel Dental Seminar*. Within this frame of reference, Dr. Fillastre will present material for two days on occlusion, tooth preparation, periodontal considerations of crown contour and pontic design, provisional restorations, removable prosthodontics, and other aspects of restorative dentistry.

Dr. Fillastre has lectured in North

Carolina previously and all reports have been favorable.

Featured also is Dr. William Updegrave, a distinguished clinician who will give a one day course updating radiology. This should benefit all dentists and their staffs. There will be a chance for participation in this course.

This year's *Tar Heel Dental Seminar* will be held Friday through Sunday, September 17th, 18th and 19th in Charlotte at the *Holiday Inn, Heart of Charlotte* Convention Center. This meeting offers 20 hours of continuing education credit.

One of our members, Dr. Harry Spillman, of Winston-Salem, was elected Secretary-Treasurer of the North Carolina Dental Society at the annual meeting in Pinchurst. We should all congratulate this untiring laborer for dentistry.

### PROGRAM

#### Friday, Sept. 17, 1976

- 8:30- 9:30 New Member Breakfast
- 9:45-12:00 Lecture by Dr. Updegrave
- 12:00- 1:30 Luncheon—Business Session
- 1:30- 4:30 Lecture by Dr. Updegrave
- 4:30- 5:00 Question and Answer Session with Dr. Updegrave
- 5:00- 7:00 Cocktail Party in Exhibit Area
- 7:00-10:00 Greek Evening with Entertainment
- 10:00 Songs of the 1950's

#### Saturday, Sept. 18, 1976

- 8:30-12:30 Lecture by Dr. Fillastre
- 12:30- 2:00 Luncheon—Business Session
- 2:00- 5:30 Lecture by Dr. Fillastre
- 5:30- 7:00 Cocktail Party in Exhibit Area
- 7:00-10:00 Dinner Party with Practice Philosophy talk by Dr. Fillastre for both doctors and wives, dates, etc.

#### Sunday, Sept. 19, 1976

- 8:30-12:30 Lecture by Dr. Fillastre
- 12:30- 2:00 Luncheon—Business Session
- 2:00- 5:30 Lecture by Dr. Fillastre



# third district news

Kenneth R. Diehl, D.M.D., Editor

## AUTUMN MEETING

The Holiday Inn, Four Seasons, in Greensboro, will provide the setting for the 1976 annual meeting of the Third District Dental Society. The dates will be September 30 through October 3 and Dr. Glen Hunt and his committees have arranged an excellent program of education and entertainment.

The featured speaker for the meeting will be Dr. H. Paul Jacobi, a practicing dentist in Neenah, Wisconsin. An internationally known speaker, he has lectured in five continents including most major cities of the United States. He is an authority on practice management and will discuss a wealth of ideas and techniques that have proven to be highly successful in his own practice. Some of the topics that he will cover include practice analysis, appointment book control, auxiliary personnel, patient determination, motivation, attitude and success principles.

The entertainment portion of the program will include a "Night at the Races"—a unique evening of fun and games on Friday. Social activities on Saturday will include a banquet and dancing.

Please mark your calendars and plan to register early. Dr. Paul Jacobi and many exciting activities promise to make this a meeting that you will want to attend.



Dr. Paul Jacobi

## HAYWOOD

(Continued from page 14)

follows: (1) it is a material which is more compatible with the biological tissues; (2) it involves a minimum amount of chair time because of the fast set and since it needs no polishing; (3) the margins are extremely accurate. Scutan and the described wax technique together have the advantages of being easy to obtain an accurate seat and hence better occlusion, as well as notable workability, accessibility, and dimensional stability, to provide a very efficient method of making single unit temporaries.

Either of the two components of this

system may be used in conjunction with other methods. The wax works well with acrylic in that the acrylic does adhere to the wax and hence this provides a matrix for the acrylic to continue polymerization; however, named advantages associated with the use of Scutan are lost. Scutan works well as advocated by the manufacturer with a pre-operative alginate impression but proper seating and removing the material is often less successful, and the technique is more costly.

Obviously, this author's method of direct temporization is not meant to be a panacea for single unit temporaries, but merely one other method which the

## TENTATIVE PROGRAM

### FRIDAY, OCTOBER 1ST

- 12:00- 6:00 Registration
- 3:00- 5:00 Audio-Visual Presentation (self educational)
- 6:00- 7:30 Social Hour
- 7:30- 9:00 Dinner
- 9:00-11:00 "Night at the Races"

### SATURDAY, OCTOBER 2ND

- 8:30- 9:00 Registration
- 9:00-12:00 Scientific Session
- Dr. Paul Jacobi—Practice Administration
- 12:30- 1:30 Buffet Luncheon
- New Members Luncheon
- 1:30- 4:30 Dr. Jacobi Continues
- 4:30- 5:30 3rd District Business Meeting
- Induction of New Members
- 6:30- 7:30 Cocktail Party
- 8:00- 9:30 Banquet
- 9:30-12:30 Dance to "Cut Glass"

### SUNDAY, OCTOBER 3RD

- 8:30 Registration
- 9:00-12:30 Mini Clinics
- 12:30- 1:30 Snacks
- 12:30- 2:30 Table Clinics
- 2:30- 3:30 Business Meeting (Final Session)

## 3RD DISTRICT DENTAL AUXILIARY

### FRIDAY, OCTOBER 1ST

- 2:00- 4:00 Hospitality Room
- Cards/Snacks

### SATURDAY, OCTOBER 2ND

- 10:00 Coffee/Pastries
- 12:00 Luncheon/Fashion Show

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8. Communication: D. Beaglau, D.D.S.



# fourth district news

Vonnie B. Smith, D.D.S., Editor



John H. Mosteller, DDS

Dr. Mosteller practices restorative dentistry in Mobile, Alabama. An internationally known author, clinician and editor, he has published over 100 papers in the dental literature, co-authored 9 books and edited the "Journal of the Alabama Dental Association" for over 20 years.

He is Clinical Associate Professor of Dentistry at the University of Alabama in Birmingham School of Dentistry. He is a National Consultant for Restorative Dentistry to the Surgeon General of the United States Army.

He is a member of the Board of Trustees of the Alabama Dental Association for over 20 years, he is a member of the House of Delegates of both the Alabama and the American Dental Association. He is a former Chairman of the Section on Operative Dentistry of the American Dental Association.

A cum laude graduate of Loyola University of New Orleans School of Dentistry (now Louisiana State University School of Dentistry) Dr. Mosteller is a member of Omicron Kappa Upsilon and a Fellow of both the American College of Dentists and International College of Dentists. His many honors include the Hifman Award for "Leadership in Dental Progress" in both 1957 and 1965, the Loyola University 50th Anniversary Award of Merit in 1962 and the "Most Excellent Fellow" award from the Alabama Dental Association in 1963.

## AUTUMN MEETING ANNOUNCED

The officers of the Fourth District are excited about our October 7th-9th meeting to be held at the Crabtree Sheraton in Raleigh. The Sheraton is a great hotel located in the exciting Crabtree Valley Shopping Center.

President, Dr. Norman "Brick" Grantham, has led us into a new format. The kickoff is to be on Thursday night. Everyone will have a chance to work all day and then drive to Raleigh and check in before attending the opening cocktail party and first business session.

President-Elect, Dr. John S. D. Nelson, has arranged a program spotlighting one of America's finest dental clinicians. Dr. John H. Mosteller will be speaking on material that everyone can take home and put to immediate use. We're fortunate to have such a great one day program.

To make sure everyone has a chance to enjoy the table clinics, they have been moved to the middle of the clinical day. Dr. Jack Upchurch promises a rejuvenation of the best method of sharing and learning.

**WARNING**—bring wives!!! In addition to our usual sports activities and social functions, the shopping center should offer everyone a chance to get a head start on Christmas shopping.

## PRELIMINARY PROGRAM

### THURSDAY, OCTOBER 7TH

- 6:00 Registration Desk Opens
- 6:00 Hospitality Room Opens
- 7:00 Reception
- 8:00 1st General Business Meeting

### FRIDAY, OCTOBER 8TH

- 8:00 New Members Breakfast
- 9:30 Scientific Session
  - Composite Resin Restorations—Dr. Mostellar. *Review of chemical and physical properties, cavity preparations, proper manipulation and finishing, and clinical evaluation.*
  - Miniature Parallel Pin Retained Gold Castings — Dr. Mostellar. *Clinical and laboratory procedures for utilizing miniature parallel pins in restorative dentistry: individual restorations, fixed partial denture prosthesis, techniques with several different paralleling devices available.*
- 12:00 Table Clinics
- 1:00 Lunch
- 2:00 Scientific Session
  - Full Coverage and Pontic Design in Restorative Dentistry—Dr. Mostellar. *Tooth preparation, clinical comparison of various types of veneer crowns, pontic design, multiple unit soldering technique, evaluation of numerous clinical cases up to 25 years old.*
  - Economic Considerations in Restorative Dentistry—Dr. Mostellar. *Extensive restorative dentistry via "Interval Treatment Program" suggested visual presentations, niceties which stimulate patients to value restorative dentistry.*
- 5:00 2nd Business Session
- 7:30 Banquet with entertainment
  - New Members introduced by Dr. Lawrence Paschal
  - Installation of Officers

### SATURDAY, OCTOBER 9TH

Program continued





# fifth district news

Willard Hinnant, D.D.S., Editor

## FIFTH DISTRICT PLANS AUTUMN MEETING



Garland Holms, President



Dr. Ken Olson

The Fifth District Dental Society will hold its Autumn Meeting at the Wilmington Hilton September 10 through September 12. The meeting has a new format this year beginning on Friday and ending on Sunday. Our projected Clinics will be interspersed into the main program, which will be held all day Saturday and Sunday morning. Also new will be a dinner dance on Saturday night with special entertainment.

Our speaker, Dr. Ken Olson, is one of the most multifaceted and entertaining speakers in America. A former Lutheran pastor, he has a doctorate in counseling psychology. He is the author of the best seller, *The Art of Hanging*

*Loose in an Uptight World*, which has sold over 300,000 copies. His newest book is *Can You Wait Till Friday?: The Psychology of Hope*. Dr. Olson travels over 100,000 miles a year as consultant and lecturer. He is the leading dental psychologist in North America and he is a member of the board of directors of the American Society for Preventive Dentistry. Recently, he recorded a four-cassette album entitled *Living With Stress Successfully*. He is a nationally recognized authority on drug abuse and assisted NBC in the filming of the White Paper, "Trip to Nowhere," in 1970.

Dr. Olson has appeared on many top television and radio shows in

### FIFTH DISTRICT PROGRAM

#### Friday, September 10, 1976

12:00- 5:00 Registration, Main Lobby  
5:00- 7:30 General Business Session

#### Saturday, September 11, 1976

9:00-10:30 Dr. Ken Olson  
10:30-10:45 Coffee  
10:45-11:00 Projected Table Clinic  
11:00-12:00 Dr. Ken Olson  
12:00- 2:00 Lunch  
2:00- 3:30 Dr. Ken Olson  
3:30- 3:45 Coffee  
3:45- 4:00 Projected Table Clinic  
4:00- 5:00 Dr. Ken Olson  
6:00- 7:30 Social Hour  
7:30- 9:00 Dinner and Awards  
9:00- 1:00 Dance

#### Sunday, September 12, 1976

9:00- 9:15 Projected Clinic  
9:15-10:30 Dr. Ken Olson  
10:30-10:45 Coffee  
10:45-11:00 Projected Table Clinic  
11:00-12:00 Dr. Ken Olson  
12:00- 1:00 Final Business Session and Prizes

America such as: "The Lee Phillips Show," the "Bob Braun Show," "The Morning Exchange," "Prescription for Family Health," "Mid-Day Live," "Good Morning, New England," "Seattle Today," and many others. Also, he assisted in producing television shows such as "The State of the Patient" and a five part series "Death: Personal Frontiers."

His work as a consultant has led him to teach preventive police work, serve as an educational consultant, and conduct seminars for dentists, lawyers and businessmen. He has also lectured on college campuses.

# Policy Statement\*

## SPECIAL COMMITTEE ON POLICY REVIEW

CHARLES W. HORTON, Chairman

RICHARD P. BELTON

JULIAN R. ROGERS

KENNETH D. OWEN

GARLAND R. HOMES

NORMAN B. GRANTHAM, JR.

*Meetings:* The Committee met during the Annual Session in Pinehurst in May, 1975. There have been no meetings since.

### Policy Statement of the North Carolina Dental Society

*Background:* The following is the Policy Statement written by the President of the North Carolina Dental Society in 1975. It was further refined in 1976 to satisfy the request by the House of Delegates of the Dental Society to keep the Statement of Policy current.

*Prologue:* It should be remembered that the President of the North Carolina Dental Society does not speak for every dentist in the State. His responsibility is to espouse the official policy of the North Carolina Dental Society as developed by its House of Delegates and may be subject to varying interpretations. Additionally, if the House of Delegates has developed no official policy, it is the President's duty to consult with the Executive Committee and other leaders in the profession and decide to the best of his ability on a policy which he considers to be in the best interest of the North Carolina Dental Society. Under no circumstances will the President support any action or policy which is in direct contradiction to established policy of the House of Delegates.

Subject to these guidelines—the policy of the North Carolina Dental Society is as follows:

### Dental Manpower and Education

In the absence of evidence to the contrary, the Society believes the size of classes of dental students at the University of North Carolina School of Dentistry to have adequate numbers.

For the first time, more dentists are passing the Board and coming to practice in North Carolina than are being graduated in the State. This, in migration of dentists combined with the graduates from UNC, is rapidly filling the demand for care.

The Society feels that at least adequate numbers of dental hygienists are being graduated from the State's schools.

The Society feels that dentists will need increasing numbers of trained dental assistants from the University of North Carolina and the Community Colleges and Technical Institutes of North Carolina.

North Carolina does not have enough dental laboratory technicians to supply the needs of the profession.

There is a mal-distribution of dentists. This problem is not likely to be rectified simply by graduating increasing numbers of dentists. We know that up until now, increasing numbers of students has not affected the distribution.

Area Health Education Centers may show promise of being a tool to get dentists into underserved areas, and should be a great aid to improve continuing education for health professionals.

The Health Service Corps concept has promise in getting dentists to serve and locate permanently in underserved areas.

The Society does not feel that the sign up of 25 percent of dental students in entering classes for underserved areas will be a successful measure to relieve shortages, unless it is coupled with student aid loans which realistically approach the total cost of yearly expenses of students. Presently, loans of \$2,500 are unrealistic. For the loan program to be fully successful, loans should approach the \$7,000 range with low interest rates and forgiveness on a year for year basis of service in underserved areas.

The H.R. 2 program in which the student receives officers pay, books, tuition, and fees, is one of the better programs.

This Society is opposed to any provisions which ties capitation grants for dental students to mandatory enlargement of class sizes in dental schools. In some of the proposals before Congress, dental schools will lose capitation monies unless class sizes of dental students are increased 10 percent or they must train expanded duty dental assistants. Additionally, the training of expanded duty auxiliaries would be tied to an agreement by the State to change their dental practice act to allow the use of the trainees for expanded functions to be employable.

The North Carolina Dental Society seriously questions the advisability of these requirements. This Society under no circumstances would consider supporting such changes in this State's Dental Practice Act to accommodate expanded function auxiliaries until we have research data to prove that it will be good for the dental health of the people of North Carolina. ADA policy agrees with this policy. It states that decisions related to dental practice and utilization of dental auxiliaries rest with the State Society and the State Boards of Dentistry.

The American Dental Association urges Congress to recognize in the development of federal health manpower legislation the potential dangers to the public and the profession in mandatory enrollment increases that may jeopardize the accreditation status of dental schools or otherwise lead to impairment of the quality of education programs, in mandatory payback by students to the federal government of federal grants to dental schools, and in requirements for training dental auxiliary personnel that exceed what auxiliaries may legally or professionally perform.

The Society feels that the matter of class size of dental schools is a more proper function of state government. On the positive side, we consider AHEC's and National Health Service Corps programs to be a better answer to fill the needs of underserved areas than flooding the states with increased numbers of dentists. We believe the two year family practice residencies in the AHEC program to be excellent.

One objectionable feature of H.R. 17084 concerns the National Health Service Corps assignment regulations. The

\* Resolution No. 22 approved by the 1976 House of Delegates, N.C.D.S. as 12-1976-H.

will specify if a State Health Agency, Local Government, or any State or district Medical or Dental Society certifies to the Secretary of HEW that such assignment of corps personnel is needed for such population, the secretary may provide a Health Corps facility.

Then, in paragraph c on page 146, the bill suggests that if a medical or dental society objects to the Corps assignment to a particular area—and if the Secretary finds from all facts presented that such certification has clearly been arbitrarily and capriciously withheld, the Secretary may, after consultation with appropriate medical, dental or other health societies, waive the application of the certification requirement to such proposed assignment.

The problem here is that the Professional Society then has no recourse but to accept the findings of HEW. It should be remembered that a Secretary of HEW may make decisions that are arbitrary and capricious.

A perfect example of this is the criteria established for remote area classification by the Department of Defense which we consider quite arbitrary and yet we are powerless to change. Every effort has been made by our Society to work with the military, but to no avail.

We would hope that the bill would provide for appeal to a commission representing professional societies, HEW Representatives, and lay representatives for a final decision in such cases rather than leaving it entirely up to the Secretary of HEW.

### **National Health Service Corps**

The Society feels the Health Service Corps concept shows promise in getting dentists to serve and locate permanently in underserved areas.

Problems in implementation in some areas now exist because of the inadequate criteria established by the Department of Health, Education and Welfare. We feel that dentist to population ratios, as now used by HEW, are grossly inadequate standards of site selection. This is particularly true since geographical boundaries can be grossly gerrymandered to make almost any area be classified as dentally remote.

Additionally, HEW may decide to pick an area in large cities which they declare underserved by such methods and place National Health Service Corps facilities in these areas.

Under the law, the Society, State, District, and Local is entitled to have input with the responsible agency, HEW, in the decision-making process, as regards the location of facilities and personnel. The Law specifically states that the society's decision must not be arbitrary or capricious. Therefore, it is incumbent upon the society to carefully consider each application and judge it on its own merit according to need, demand, and availability of care.

The society wishes to aid all communities that can support a dentist by lending advice and counsel to help these communities come to a proper decision. The society has a Dental Manpower Assistance Committee, for this purpose, at the disposal of all communities who wish to obtain dental care for its citizens.

Where possible, we prefer to have private dentists serve these areas. It is our belief that the private sector can do a better job of caring for the needs of our citizens than government programs.

If the needs of the people cannot be met in this manner, then Health Service Corps facilities may serve to fill the demand for care.

National licensure and relicensure are matters best left to the states and the professions. This Society supports the concept of board examinations administered by the states to determine the quality of dentists the schools are graduating. We feel this is an important check and balance. Progress is being made each year toward freer movement of dentists between states because of such things as the National Boards and Regional Board concepts. We feel the provision which states that any dentist licensed in any state should be eligible to treat any patient in any state on National Health Insurance should be dropped. We do not feel national licensure will improve distribution of dentists.

### **Professional Standards Review Organization**

The North Carolina Dental Society supports the policy as outlined by the 1974 ADA House of Delegates which is as follows:

A. Full and equitable participation of dentists at all levels of PSRO structure as long as dental services are being reviewed.

B. We would like the PSRO Act amended in those sections which present potential dangers to the profession and its patients, such as those dealing with confidentiality, quality care, development of norms, standards and criteria and the authority of the Secretary of the Department of Health, Education and Welfare.

C. We favor repeal of the law if its implementation demonstrates that it permits unwarranted interference with appropriate judgments made by professional health providers or if it adversely affects the peer review and mechanisms already developed and supported by the dental profession that protect the health interest of the nation's dental patients.

The North Carolina Dental Society has submitted the name of an individual to the Governor whom we consider imminently qualified to serve on the State PSRO. To date, we have received no appointment to represent the dental profession. This weakness in the PSRO structure must be eliminated.

### **Health Maintenance Organizations**

The North Carolina Dental Society agrees with the American Dental Association in its policy toward HMO's which states:

The American Dental Association continues actively to oppose HMO proposals that deny the concept of freedom of choice and any other legislation that would subsidize programs in such a way as to compete unfairly with the private practice of dentistry—we are violently opposed to advertising by Health Maintenance Organizations and are prepared to initiate a strong legal or legislative campaign to stop advertising under Public Law 93-222.

### **Federally Funded Clinics**

The North Carolina Dental Society actively opposes federally funded clinics such as community health centers which may operate in areas which are not remote and which may be subsidized to the extent that they compete unfairly with the private practice of dentistry. We will actively oppose such centers by our influence in the Halls of Congress and even into the courts if necessary.

### **National Health Insurance**

The fundamental position of the American Dental Association on National Health Insurance is as follows:



In consideration of a National Health Program, the dental profession should take an active position in the design and support of a program that includes a dental program that serves the needs of all people of this nation. The dental profession continues to be in opposition to any National Health Program that uses public funds to provide health care for persons who are financially able to pay for health services themselves. This principle governs all provisions and recommendations of the American Dental Association with respect to national health programs.

Comprehensive dental services for children should have priority in any national health program.

There should be provisions for emergency dental care for all.

Preventative dentistry should receive high priority.

The usual, customary and reasonable fee concept should be given priority. Constant readjustment of percentiles and fee adjustments to reflect change should be mandated.

Preferred carriers for the dental component of the national health program should be non-governmental agencies.

Review of the quality of professional services should be under the control of licensed dentists.

Any Federal legislation proposing establishment of a national health policy which provides for a public utility type regulatory scheme for any element of the nation's health care system be vigorously opposed.

In addition to the ADA policies listed, the North Carolina Dental Society would add the following:

We do not favor the incorporation of any national health program within the Social Security System in a manner such as advocated by Senator Kennedy.

We are irrevocably committed to the fee for service, private practice system. Third Party involvement should be similar in design to present insurance plans.

We believe every individual, except for the categorically indigent, should pay something toward the cost of his own health care.

Any National Health Insurance plan should be distinctly American. It should not be copied from European plans which we find incompatible with the American system of free enterprise. It should work through the present delivery system with a will toward perfecting the system.

We believe it is a mistake to eliminate Medicaid (Title XIX) programs which benefit the indigent. Certainly some standardization of benefits should be achieved and benefits should be open-ended at the top—allowing states to improve on the basic standards if they so desire. We believe it is fair to say that Medicaid programs have been badly administered in many states. Such arbitrary methods as payment of 90 percent of usual and customary fees such as has been the practice in the North Carolina Medicaid Program should not be condoned by government or the professions. In no way can this be considered just.

In a system where people work and pay premiums to a National Health Program, they should be entitled to participate and receive benefits including dental benefits for their children. On the other hand, we strongly feel that no public funds should be contributed to supplement the health care of those who can afford their own care. Co-insurance and deductibles can be used as proper methods to effect control.

Individual choice by both patient and doctor are essential.

Needless to say, dentistry favors Delta Dental Systems to administer dental insurance programs. We hope the Congress

will give Delta every consideration and if the time comes to select a carrier for the dental component.

There are many other facets that should be discussed, but we should not fail to mention that each of us knows that what we are about to call a system of health care is really going to be health rationing. We know that we all realize this. We can only hope the public will understand when they find that every health care measure they desire will not be available to them.

Available resources will always determine the quality and quantity of health care provided. When the final decisions are made, we beg of you to build upon the best and most innovative health care system the world has ever known. Please do not destroy it in favor of a system that will destroy initiative among the professionals and reduce health care to mediocrity.

### **Remote Area Classification by the Department of Defense**

The North Carolina Dental Society has protested for many years the classification of the areas surrounding Fort Bragg, Pope Air Force Base, and Seymour Johnson Air Force Base as remote areas. In remote area classifications, dependents are eligible for dental care.

One of the criteria established by the military is that any area within 30 miles of a military base should have a ratio of 1 dentist per 2,000 people. This was an arbitrary figure established some 20 years ago. The areas in question in our state are very close to this ratio, but even today with the productivity of dentists increased because of technological advancement and the use of auxiliaries, the military still remains immovable and uncooperative.

The sad fact is that the civilians in these areas think they are getting dental care when, in fact, they do not. The ones who need it most get the least. The dependents of officers receive better care, while the dependents of enlisted personnel receive little or no care.

The North Carolina Dental Society once again wishes to go on a record as being opposed to remote area classification in our State. We would hope that our congressional delegation would give us help in our efforts to have this classification removed.

A realistic approach to us would be to work toward enactment of a champus program providing dental care for dependents. We think this is the only reasonable solution and would ask that our North Carolina Delegation support such legislation.

The American Dental Association in its 1974 House of Delegates passed resolutions that support the position of the North Carolina Dental Society, so it is of national import and is not strictly a North Carolina problem. Please give this your thoughtful consideration.

### **Parity in the Military**

For years, dentists in North Carolina and nationwide have been fighting the battle of parity of grades with the physician in the military. That we have not succeeded is evident in many areas. We would like the Congress to realize that this attitude also creates problems of a similar nature in our dealings with State agencies and others who have salaried dentists as employees.

The fact is that in civilian dental and medical practices, incomes according to category of practice are very comparable. We feel that this should be a very important consideration

place the society in opposition to any changes in the Dental Practice Act of the State of North Carolina to permit research in private offices of expanded duty functions for auxiliaries.

The North Carolina Dental Society also supports full and equal treatment of those dentists in the service of the Veterans Administration, with respect to all benefits, as their medical colleagues. Dental care is a vital service to our nation and to the men who have served our country.

### **Parity of State and County Employed Dentists**

All governmental agencies should be aware of existing policy of the North Carolina Dental Society which states that:

1. Entering grades for physicians and dentists should be the same for all dentists and physicians employed by the state and other agencies.

2. Salaries for physicians and dentists at each grade level should be the same.

3. Fringe benefits for dentists and physicians should be at parity.

### **Dental Health for Institutionalized People**

The North Carolina Dental Society recognizes the fact that institutionalized wards of the State are human beings who, for one reason or another, cannot function well in open society. They should be viewed as human beings who have been denied certain rights and privileges.

The Society feels that it is dentistry's responsibility to offer the best health care that can be made available under the system which exist in the institution.

Detailed studies by the Dental Health Committee have been made in recent years of both public and private institutions. Numerous observations and suggestions have been made by this committee. The society supports the committee's findings and recommendations and wishes to implement dental health programs that will improve the dental health of these unfortunate individuals.

### **Dental Manpower Study**

The North Carolina Dental Society believes that present methods of determining proper dentists to population ratios are too simplistic and are entirely unsatisfactory. Such factors as the difference in need and demand for care have never been considered. Many other factors such as the impact of preventive measures and the productivity of modern dental professionals have not been used heretofore.

This society has been undertaking for more than a year a most comprehensive study in cooperation with Dr. Gordon DeFries and the Health Services Research Center at the University of North Carolina.

It is the will of this society that the study be continued until a very comprehensive study of dental manpower in North Carolina has been developed.

### **Expanded Duty Dental Auxiliaries**

The North Carolina Dental Society must be the instigator and leader and coordinator in the development of proper training programs for dental auxiliaries. The society cannot afford to allow the Department of Health, Education and Welfare or any other governmental agency to use its influence with the funding of studies, with capitation grants, or money grants in any other fashion to dictate the way we will train or utilize our dental auxiliaries.

In 1975, a minority report dissenting from the action of the N. C. House of Delegates was filed and acted upon by the members in General Session. The result of this action was to

place the society in opposition to any changes in the Dental Practice Act of the State of North Carolina to permit research in private offices of expanded duty functions for auxiliaries.

The North Carolina Dental Society will continue to study available data on expanded duty auxiliaries and will follow a course of action which it feels best for the dental care of the people of North Carolina.

### **Dental Laboratory Registration and Identification**

This society favors the Registration and Identification of Dental Laboratories in North Carolina under the State Board of Dental Examiners. The 1975 House of Delegates adopted recommendations by the Dental Laboratory Relations Committee and requested that the report be sent to proper committees for implementation in consultation with the legal advisors of the North Carolina Dental Society and the Dental Laboratory Association.

### **North Carolina Preventive Dentistry Program**

There is great support among the dentists of North Carolina for the publicly funded Preventive Dentistry Program now being conducted in this state by the Division of Dental Health. The program was funded in 1973 by the Legislature to begin a pilot program in ten counties. Its concept has been widely acclaimed as the finest program of its kind in the United States.

The 1975 Legislature continued the original program, but adequate funding was not available to expand it further.

The eventual goal is to expand the program into all of the 100 counties in North Carolina.

The Society continues to actively support and improve this program toward the end that all North Carolina citizens will be a healthier and happier people.

This policy statement was officially adopted by the North Carolina Dental Society February 19, 1975 and further refined in 1976.

This policy statement is to be used in presenting the society's views on these issues to all interested parties and is to be updated annually, and submitted to the Executive Committee and the House of Delegates for approval.

### **Resolution**

22. *Resolved*, that this statement of policy is the official position of the North Carolina Dental Society for the year March, 1976 to March, 1977.

**First Annual Giving  
CAMPAIGN  
Dental Foundation  
of N. C., Inc.**

**OCT. 16 - NOV. 1, 1976**



# PROCEEDINGS

## President's Report

H. E. Maxwell, D.D.S.  
Fayetteville, N. C.



H. E. Maxwell, D.D.S.

Mr. Speaker, fellow officers, delegates and distinguished guests: It is with humility as well as pride that I address this August body, the 1976 House of Delegates of the North Carolina Dental Society.

My year as your President has been the highlight of my professional career. I'm thankful for having had this opportunity. Many memorable occasions will be treasured always. Hopefully, there has been lasting progress for the dental profession in North Carolina and I am proud of any part I may have contributed to it.

Alvin Toffler, a Washington correspondent and editor of *Fortune Magazine* wrote in 1970, "In the three short decades between now and the twenty-first century, millions of ordinary, psychologically normal people will face an abrupt collision with the future. Citizens of the worlds richest and most technologically advanced nations will find it increasingly painful to keep up with the incessant demand for change that characterizes our time. For them, the future will arrive too soon."

Just twelve months ago the same author wrote: "What we are seeing today is not simply an economic upheaval, but something far deeper, something that can not be understood within the framework of conventional economics. This is why increasingly mystified economists complain that 'the old rules don't work any longer.' What we are seeing is the general crisis of industrialism—a crisis that transcends the difference between capitalism and Soviet-style communism, a crisis that is simultaneously tearing up our energy base, our value systems, our communicative modes, our sense of space and time, our epistemology as well as our economy. What is happening—no more no less—is the break down of industrial civilization on this planet and the first fragmentary appearance of a wholly new and drastically different social order, a super industrial civilization that will be technological but no longer industrial." This he reports in his latest book *The Eco-Spasm Report*.

Dentistry and the dental health delivery system are caught up in that technological eco-spasm. In three short decades we have gone from vulcanite to plastics, from mortar and pestle to premeasured capsules of improved alloy, from belt driven handpieces to the air driven and electric driven turbines.

Additional technological changes will come about in the next two years. Prevention may include anti-caries vaccine, dental armamentarium may include a type of laser beam. Even some changes have been evident this past year in the North Carolina Dental Society. Certainly there is greater harmony existing today between the North Carolina Dental Society, the State Board of Dental Examiners, and the School of Dentistry. While the interests of all three groups are closely interwoven, perhaps the roles and responsibilities of each has been somewhat more clearly delineated. The 1974 House of Delegates passed resolutions instructing the executive committee to take certain actions in consultation with the School of Dentistry and the State Board of Dental Examiners. For various reasons this was never done. I am happy to report that this year there have been frequent, cooperative, and productive consultations between the executive committee and the State Board of Dental Examiners and the School of Dentistry.

I wish to take this opportunity to commend our State Board for its leadership on many issues and by the statesmanship demonstrated by some of its members on various occasions.

Isn't it ironic that the Ohio State Dental Society is now suing the Ohio State Board of Dental Examiners for permitting the very thing the North Carolina State Board of Dental Examiners prevented from happening in our state and were severely criticized for doing so.

Suffice it to say, there is communication, effective dialogue, productive consultations, and on many issues, mutual agreement between our three groups now.

Earlier this year, I appointed our Vice-President, Dr. P. C. Purvis, to be chairman of a committee composed of representatives of the State Board of Dental Examiners and the School of Dentistry to resolve any differing viewpoints regarding the HB 433. After numerous meetings under the leadership of Dr. Purvis this bill has been refined and the three groups have endorsed the new language of the bill.

Our president-elect, Dr. R. B. Barden, has been appointed the chairman of a liaison committee of the State Board of Dental Examiners and the Dental Laboratory Relations Committee to investigate the status of HB 1132. More divergence of opinion is apparent with this bill.

This bill should be reviewed in order to insure that it is consistent with American Dental Association policy.

In Chicago, the ADA House of Delegates declared that a dental laboratory technician is an auxiliary to the dental profession and that any regulatory statute governing this dental auxiliary should fall under the jurisdiction of the representative State Boards of Dental Examiners. This bill requires our careful consideration. Hopefully, the profession will become united on this issue, too.

Most of you are aware of the tremendous effort we have made this year to get a dentist elected to the governing board of each of the six Health Service Areas, as designated under Public Law 93-641. Final results have been rewarding in nearly every area. We have been assured by the Department of Human Resources that it has been recommended to the Governor that a dentist be appointed to the State Health Coordinating Council which will serve over the six Health Service Areas. This act is a far-reaching law that has many ramifications for the health delivery system in this country. This act probably will be amended during the next session of congress and we need to watch it very carefully. This may very well be the framework on which any type of National Health Insurance is promulgated. Our members serving on the governing bodies should keep up informed regularly of the activities in their respective Health Service Areas.

On November 15th an all-day workshop was conducted at the Governor's Inn by the AHEC Liaison Committee. Hopefully, this provided an explanation as to the purposes and functions of the Area Health Education Centers. There has been much misunderstanding about this program, but the workshop and the report of this committee should have provided you with answers. Certainly, these centers can provide supplemental learning experiences for dental students and continuing education centers for area dentists and



auxiliaries. Perhaps, through selective recruitment of dental students from the surrounding areas, maldistribution of dental manpower may even be affected.

These centers can contribute much to the dental profession in North Carolina, and, if properly supervised and utilized, they can be a valuable asset in meeting the dental needs of the people of North Carolina.

There has been a Dental Manpower Assistance Committee appointed to assist communities in assessing their dental manpower needs and the availability of the area. If indeed the area is determined to be a dental manpower shortage area, the community is encouraged to secure a dentist from the private sector. If one is not available from the private sector, then the committee is encouraged to assist the community in applying for a National Health Service Corps dentist. It behooves the society to take a positive approach to these applications. While we believe the ratio of 1 to 5,000, dentist to population, is an unrealistic criteria, we must justify our decision if we fail to approve such an area as a dental manpower shortage area. Hopefully, we can enlarge this committee into a Dental Information Service Bureau. With the results of our manpower study, and the survey by the State Board of Dental examiners we could have a Placement Committee. This is one which could give dentists and hygienists, who have passed board exams recently, information as to where the greatest needs are and where dental manpower shortage areas are located.

Again this year we met with our North Carolina Congressional Delegation in the Rayburn Building in Washington for a luncheon. In fact, it was just yesterday. We feel that these meetings are very important, in that they permit us to convey our concerns directly to our congressman and express our opinions regarding issues of

pending legislation. We were cordially received and I believe this type of activity can be very productive for the dental society and it is recommended that these meetings be continued year after year by the dental society.

Dr. Gordon DeFries, director of the Health Services Research Center, is continuing his efforts on our behalf with the Dental Health Manpower Study. This survey will probably require two or three years to complete. It will be much more in depth than the Leonard Davis Institute Survey. We plan to include a replication of the Fulton Hughes Study of thirteen years ago. This will be a beneficial benchmark for the profession. We are truly grateful for the support of Dr. DeFries and his staff.

A person who has been supportive on every occasion has been Dr. Roy White, Dean of our School of Dentistry. He is an outstanding leader of the highest caliber. We can all be justly proud of this man. Many times I have asked him to serve our society in various capacities. He has contributed freely of his time, talents, and wisdom, I consider it a privilege to have had the opportunity to work and serve with Roy White. Our society has made progress because of his efforts. I consider him a friend.

Buck Barden has been indoctrinated well this year. Nearly every week-end for the last six weeks we have had to go to a meeting somewhere more often than not, out of state. I wish him well for next year.

Mr. Speaker, thank you for this opportunity to bring these remarks to the House. I have served for many years in this House under your leadership and this year as a member of our ADA delegation. I have always valued your counsel and guidance. The North Carolina Dental Society is fortunate to have had the privilege of your services.

Thank you and good evening. ●

## Report of the Secretary-Treasurer

*As required by Article 1, Section 4 of the Bylaws, herewith is submitted the Annual Audit of the Society prepared by a licensed Certified Public Accountant.*

The Officers and Directors  
North Carolina Dental Society

January 27, 1976

We have examined the balance sheets and related statements of income, expenses and fund balances for the General Fund and Relief Fund, together with supporting schedules, of the North Carolina Dental Society for the year ended December 31, 1975. Our examination was made in accordance with generally accepted auditing standards applicable to accounts maintained on the cash basis and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Inasmuch as the records are maintained on the cash basis of accounting, income earned but not received and expenses incurred but not paid, if any, are not reflected in the accompanying financial statements.

In our opinion, the accompanying financial statements present fairly the financial position of North Carolina Dental Society at December 31, 1975, and the results of its cash transactions for the year then ending, on a basis consistent with that of the preceding year.

LYNCH, McMillian & Robertson  
Certified Public Accountants  
Raleigh, N. C. 27605

### Index to Financial Report December 31, 1975

General Fund:	
Exhibit A.....	Balance Sheet
Exhibit B.....	Statement of Income, Expenses and Unappropriated Fund Balance
Exhibit C.....	Detail Schedule of Expenses



Robert B. Litton, D.D.S., Shelby

Relief Fund:	
Exhibit D.....	Balance Sheet
Exhibit E.....	Statement of Income, Expenses and Fund Balance
Capital Fund:	
Exhibit F.....	Balance Sheet
Supplementary Information:	
Schedule I.....	Marketable Securities— Relief Fund

## Exhibit

# GENERAL FUND

## Balance Sheet—December 31, 1975

## Assets

Cash:		
Checking account—First Citizens Bank & Trust Co., Raleigh, North Carolina.....	\$ 18,605.59	
Savings account—First Citizens Bank & Trust Co., Raleigh, North Carolina.....	102,679.13	
Savings accounts—First Federal Savings and Loan Association, Durham, North Carolina .....	41,857.85	
Certificate of Deposit—First Federal Savings and Loan Association, Durham, North Carolina .....	33,414.88	
Savings account—Raleigh Savings & Loan Association, Raleigh, North Carolina..	47,876.34	\$244,433.79

Stock in Dental Service Plans Insurance Company, at cost .....	5,000.00	
	<u>\$249,433.79</u>	

## Liabilities and Fund Balance

Unremitted dues .....	\$113,397.00	
Fund balance:		
Appropriated:		
Prior years:		
Library and History Committee.....	\$ 1,600.00	
For study of central office needs.....	1,000.00	
Insurance consultant service.....	240.00	2,840.00
Unappropriated .....	133,196.79	
	<u>\$249,433.79</u>	

## Exhibit B

## GENERAL FUND

# Statement of Income, Expenses and Unappropriated Fund Balance

## Year ended December 31, 1975

Fund balance—December 31, 1974.....	\$ 99,363.95	
Income:		
Dues and penalties.....	\$197,273.00	
Revenue from Annual Session.....	18,780.00	
Revenue from publications.....	9,396.75	
Interest on savings.....	7,382.25	
Expense reimbursements, refunds and sundry .....	13,768.50	
Total income .....	<u>\$246,600.50</u>	

## Expenses:

Dues and penalties remitted:		
American Dental Association .....	\$55,515.00	
A.D.A. Relief Fund.....	635.00	
First District,		
North Carolina .....	4,445.00	
Second District,		
North Carolina .....	4,255.00	
Third District,		
North Carolina .....	4,315.00	
Fourth District,		
North Carolina .....	2,845.00	
Fifth District,		
North Carolina .....	2,650.00	\$ 74,660.00
Central office expense.....	78,777.88	
Annual session .....	17,979.19	
Journal expense .....	18,016.16	
Newsletter .....	1,906.15	
Directory .....	1,400.70	
NCD—PAC .....	600.00	

Executive Committee .....	239.60	
DOC .....	429.73	
Reimbursement of Delegates and Representatives .....	16,539.59	
Contributions .....	120.00	
Memberships .....	1,219.50	
Miscellaneous .....	879.16	
Total expenses .....	<u>\$212,767.66</u>	

Net income ..... 33,832.84

Fund balance—December 31, 1975.....\$133,196.79

## Exhibit C

## GENERAL FUND

# Central Office Expenses

## Year ended December 31, 1975

Salaries and payroll taxes.....	\$ 40,713.44	
Rent .....	7,195.87	
Supplies .....	3,784.30	
Office machine maintenance.....	854.08	
Telephone .....	4,528.09	
Postage .....	1,443.32	
Travel—Executive Secretary .....	2,013.51	
Hazard insurance .....	252.00	
City and county taxes.....	146.06	
Newsclipping service .....	220.00	
Employee insurance and retirement annuity.....	3,597.77	
Audit .....	500.00	
Legal counsel .....	4,574.75	
Addressing service .....	5,573.20	
Miscellaneous .....	707.78	
Purchase of office equipment.....	1,553.22	
Publicity .....	1,120.49	
	<u>\$ 78,777.88</u>	

## Exhibit D

## Relief Fund

## Balance Sheet—December 31, 1975

## Assets

Cash:		
Checking account—North Carolina National Bank, Raleigh, North Carolina.....	\$ 2,516.77	
Savings account—First Citizens Bank & Trust Co., Raleigh, North Carolina.....	80.48	
On deposit—First Union National Bank.....	860.13	\$ 3,457.38
Marketable securities, at cost (market value \$39,425.00) .....	39,828.72	
	<u>\$ 43,286.10</u>	

## Liabilities and Fund Balance

Fund balance .....\$ 43,286.10

## Exhibit E

## RELIEF FUND

# Statement of Income, Expenses and Fund Balance

## Seven Months Ended December 31, 1975

Fund balance—December 31, 1974.....\$ 41,441.90

## Income:

A.D.A. Relief Fund.....	\$ 3,402.50	
Interest on savings .....	3.94	
Interest on corporate bonds .....	2,187.50	
Interest on other securities .....	132.00	
Dividends on corporate stocks.....	435.00	
Gain on sale of securities.....	698.26	
Sundry .....	10.00	
Total income .....	<u>\$ 6,869.20</u>	

Expenses:	
Relief grants .....	\$ 4,425.00
Audit .....	100.00
Investment expenses .....	500.00

Approved by the Executive Committee January 17, 1976

Total expenses .....	\$ 5,025.00
Net income .....	1,844.20
Fund balance—December 31, 1975 .....	\$ 43,286.10

ESTIMATED INCOME	BUDGETED INCOME
State Dues .....	\$112,000.00
Annual Session .....	19,000.00
Publications	
Journal .....	\$ 10,000.00
Directory .....	50.00
Interest .....	4,000.00
Expense Reimbursements .....	5,000.00
Miscellaneous .....	3,000.00
TOTAL .....	\$153,050.00

## Exhibit F

## CAPITAL FUND

## Balance Sheet—December 31, 1975

## Assets

Furniture and equipment, at cost .....	\$ 16,214.18
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## Liabilities and Fund Balance

Fund balance—December 31, 1974:		
Investment in fixed assets .....	\$ 15,341.71	
Additions:		
1 security file .....	\$ 1,159.81	
1 wooden table .....	85.18	
1 hand truck .....	52.00	
1 brief case .....	31.04	
1 Lanier micro cassette recorder .....	225.19	1,553.22
Deletions:		
1 typewriter (sold) .....	431.20	
Given to dental lab:		
1 automatic fan-glo .....	3.56	
1 KOZ foot pad .....	24.46	
1 Heataire fan-glo .....	26.78	
1 Webcor tape recorder (traded) .....	168.75	
1 valet (given to retired executive secretary) .....	26.00	(680.75)
Fund balance—December 31, 1975 .....	\$ 16,214.18	

## Schedule 1

## RELIEF FUND

## Schedule of Marketable Securities

## Corporate Bonds:

Unit	Cost	Market Value
\$10,000 American Telephone & Telegraph, 8¾%—2000 .....	\$ 10,370.76	\$ 10,200.00
15,000 Southern Pacific Transportation Co. Equipment Trust—Series 66, 8¾%—1981 .....	15,467.85	15,000.00
	\$ 25,838.61	\$ 25,200.00

## Other Securities:

\$ 2,000 Southern Bell Telephone & Telegraph Co. variable amount notes .....	2,000.00	2,000.00
2,000 The First Boston Corp. variable amount notes .....	2,000.00	2,000.00
10,000 U. S. Treasury notes, 8¾%—9/30/77 .....	9,990.11	10,225.00
	\$ 13,990.11	\$ 14,225.00
	\$ 39,828.72	\$ 39,425.00

## EXPENSES

## Central Office Expense

Salaries & Payroll Taxes—Permanent .....	\$ 42,000.00
Salaries & Payroll Taxes—Temporary .....	500.00
Rent .....	9,027.00
Supplies .....	3,800.00
Office Machine Maintenance .....	900.00
Telephone .....	5,000.00
Postage .....	2,500.00
Travel, Executive Director .....	2,500.00
Insurance—Hazard .....	266.00
City & County Taxes .....	20.00
Newsclipping Service .....	250.00
Employee Insurance .....	1,250.00
Audit .....	600.00
Legal Counsel .....	3,200.00
Addressing Service .....	5,000.00
Miscellaneous .....	900.00
Equipment .....	2,500.00
Petty Cash .....	200.00
Retirement, Executive Director .....	1,450.00
Retirement, Employees .....	1,350.00
Group Life Insurance, Executive Director .....	135.00
Publicity, Part-time .....	1,000.00
	\$ 84,528.00

Annual Session .....	19,800.00
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## Publications

Journal .....	\$ 21,500.00
Newsletter .....	2,500.00
Directory .....	1,700.00
	25,700.00

## Committees &amp; Conferences

Peer Review .....	\$ 50.00
Dental Practice Act .....	50.00
Dental Care Programs .....	100.00
NCD-PAC .....	600.00
Executive Committee .....	250.00
DOC .....	500.00
Preventive Dentistry .....	20.00
Other Committees .....	430.00
	2,000.00

## Reimbursement of Officers, Delegates &amp; Representatives

Conferences .....	\$ 5,000.00
Delegates .....	8,460.00
Headquarters Suite .....	1,500.00
President .....	500.00
	15,460.00

Contributions .....	160.00
Memberships .....	1,200.00
Miscellaneous .....	700.00

TOTAL .....	\$149,548.00
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# Report of the Editor-Publisher

R. J. Shankle, D.D.S., Chapel Hill



The Executive Committee of the North Carolina Dental Society suggested to your Editor-Publisher that a new method of publishing the PROCEEDINGS be explored during the year 1975. The new method would dispense with all of the proceedings being published in one issue of the NORTH CAROLINA DENTAL JOURNAL, which historically appeared in August and contained transactions which were three to fifteen months old.

The old January, May, August, and September issues were replaced with Winter, Spring, Summer, and Autumn issues. The proceedings are now published nearer to the time "when it happened" and appear throughout the four issues of the JOURNAL.

The advantage of the former system allowed all of the proceedings to be published in one issue thereby only one reference magazine was necessary to obtain information. The disadvantage was that the readership did not have the privilege of learning of the transactions until three to fifteen months later.

The procedure employed during the past year enables the four issues of the JOURNAL to be spread out through the year and further permits scientific articles, district news, editorials, items of interest, etc. to be published in all four issues. The number of issues and the number of pages published each year are about the same if the Proceedings are published in one issue or separately in four issues. The advantages outweigh the disadvantages with the new approach and it is suggested that this format continue.

Your Editor-Publisher was on the program of the American Association of Dental Editors at their annual meeting in Chicago which was held in conjunction with the annual meeting of the American Dental Association. He has been invited to present a program at the next annual session of the American Association of Dental Editors in Las Vegas this Fall. His work with this association has been a valuable experience.

Your Editor-Publisher in consultation with the district editors, at the district officers conference held in December, again suggested that the recommendation to appoint district editors to serve for a minimum of three years as editor at the district level. In addition,

it was suggested that newly appointed district editors be financed for travel to permit their attending an annual training seminar for editors sponsored annually by the American Dental Association Council on Journalism. This seminar is held annually at Michigan State University. All expenses, except travel, to cover the attendees is covered by the American Dental Association. This provides lodging, food, and tuition. The editor's district dental society must provide transportation only. This effort by the American Dental Association improves dental journalism and should inspire newly elected district editors in the performance of their duties.

Your Editor-Publisher is mindful of the support of the North Carolina Dental Society, the Executive Committee, and the Executive Director, Mr. Robert Cherry and wishes to acknowledge with appreciation this support and enthusiasm. Mr. Cherry is the Managing Editor of the JOURNAL and conducts the business affairs as related to advertising and printing. Without his efforts in our behalf the task would be more difficult.

Finally, but most important of all, is the recognition of the efforts of Mr. Thomas Graham, Mr. Lloyd Turnage, and Mr. Nathaniel Barrow of Edwards and Broughton, our printers. These individuals have been extremely helpful to us in publishing the NORTH CAROLINA JOURNAL. Their attitude and motivation should not go unrecognized.

Mr. Thomas Graham has retired this year from Edwards and Broughton with 42 years of service to the company. His tireless efforts in producing the JOURNAL over the past 20 years are recognized with deep appreciation. The Editor and the NORTH CAROLINA DENTAL JOURNAL will miss his wisdom and dedication. It is recommended that the Executive Director of the North Carolina Dental Society compose a letter of appreciation to Mr. Thomas Graham for his 20 years of service to the JOURNAL and that all members of the Executive Committee affix their signatures to this letter.

Inflationary trends continue to increase the cost of production of the JOURNAL. Every attempt is made to control the cost of production although, it would be desirable to introduce color to the inside pages of the dental journal occasionally. This is not feasible at this time, but is recommended for future consideration.

# Report of the Executive Director

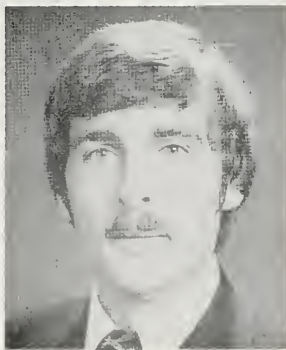
Robert L. Cherry, Jr.  
Raleigh

As required by the Bylaws of the North Carolina Dental Society, Article XV, Section 2, herein is submitted by third annual report as Executive Director.

**Central Office.** After being located in the Meredith Woods Professional Building at 2310 Myron Drive for three and a half years, the Central Office was moved to the brand new Lake Boone Office Center at 2414 Wycliff Road on January 21. In these new surroundings, the Central Office is still readily accessible to all members and committee meetings. Lake Boone Office Center is located immediately off of Lake Boone Trail which is adjacent to Route 1 and Route 64 Beltline around Raleigh.

An increase in membership to nearly 1800 has placed added responsibilities on the Central Office. However, the Society's two other staff members, Mrs. Jean G. Pace and Mrs. Faye K. Marley, have been able to shoulder much of the work load of the Society's day to day affairs with minimal part-time help. Their able assistance is a most vital asset.

**District Societies.** I once again attended each district meeting this past fall and received the best of hospitality. I would like to especially commend the Third and Fifth Districts for their efforts this year. They each held another meeting this year in addition to their fall meeting. This mid-year meeting (January-March) gives the members in the



district an opportunity to get together and discuss issues vital to the profession prior to the North Carolina Dental Society House of Delegates. It is a great method of communication to and between the membership. I would strongly urge all districts to consider such mid-year meetings.

**Committees.** As can be seen from the annual reports of the committees this year, a few have been actively pursuing their goals. Many have been completely inactive.

Dr. Maxwell has suggested that it is time to re-evaluate the committee structure of the Society. I wholeheartedly agree. The Society's committees are too numerous, too cumbersome, and too slow to react. The Executive Committee of the Society will be looking into this problem in the near future.

**Membership.** Since my last annual report, membership has increased from 1638 to 1791, a gain of 53 members.

The Central Office still has a problem with locating potential new members and relaying this information to the districts. I receive a list of those who pass the State Board and their addresses. These addresses are usually school or parents' addresses, however. I then send a letter to each individual with a card for them to fill out and return stating their new address and where they intend to practice. This information is sent on to the district vice-presidents. The problem arises in the time involved and lack of response by the new licensees.

The solution to this problem is for all members to be alert for new arrivals in their area, to contact and greet them, and urge them to join organized dentistry. The district vice-presidents should make their members aware of this problem.

**Services.** The Society has again planned an educational seminar out of the Country. The travel seminar this year will be to London the first week in July.

The Central Office has in the past provided an addressing service for allied dental groups. Envelopes could be sent to us and we would

address and mail them. Due to a problem with the Postal System in Raleigh, this service will no longer be available. In the future, we will only be able to supply self-stick labels which can be affixed to envelopes. The individual groups will have to mail their own materials.

**Finances.** The Society continues to operate on its present income which was \$172,000.00 for the calendar year of 1975. There has been no state dues increase for Society members since 1973. It is anticipated that a dues increase will not be necessary for at least two more years. Income from dues accounted for \$122,613.00 of the \$172,000.00 total.

Exhibit space at Pinehurst brings in around \$19,000.00 for the Society. All of this amount is used to finance the Annual Session. Exhibit space at Pinehurst is completely sold out again this year.

The remainder of income is derived from interest, advertising in the Journal, the addressing service, and support of the Society collection service.

**Remarks.** I would like to thank my two able assistants, Mrs. Pace and Mrs. Marley. The Society is fortunate to have employees of their capabilities.

I hope any member when in Raleigh will stop by to see us in our new office. Any committee is welcome to use our conference room. The only requirement is that you contact me for a reservation.

If any question should arise concerning Society affairs, I am as close as your telephone. •

## Report of Delegation to A.D.A.

**Ralph D. Coffey**  
Chairman of Delegation

**CHAIRMAN**  
RALPH D. COFFEY (1977)

M. W. ALDRIDGE (1978)	JAMES A. HARRELL (1978)
EDWARD U. AUSTIN (1977)	JOSEPH M. JOHNSON (1976)
WILLIAM L. HAND, JR. (1978)	HAROLD E. MAXWELL (1976)



All delegates and alternates were present for the caucus on Saturday morning. Routine business and assignment were discussed.

Sunday morning all were present for the Fifth Trustee District Organization held in the Blackstone Hotel. Two important issues were brought up at the Sunday caucus. The delegation from Florida did not approve of the statement of views of Dr. John B. Sower from Raleigh, council member of the ADA on Dental Laboratory Relations. I was asked to go to John Faust and request he withdraw him from the council. I would have nothing to do with it and told John as much. This was a matter for the Trustees if they saw fit. The alternate delegates spent the remainder of Sunday, all Monday, Tuesday and one-half day Wednesday on the matter. The statement made by Dr. Sower was, he thought we should have a dialogue with the laboratory men.

The second surprise which came on Sunday was a move to give the alternate delegates a full vote in the Fifth Trustee District Organization. We were caught off guard by this move and had the motion tabled until the 1976 meeting. The following table shows that the votes would not be on par with two other States, namely Georgia\* and Virginia\*:

State	Number Delegates	Number Alternates	Number Paid	Per Diem	Days Allowed	Mode of Travel
Alabama	12	4	8	\$75.00	6-8	First Class
Florida	12	12	24	40.00	As Long As They Stay	Tourist
Georgia	7	6*	13	50.00	5	First Class
Mississippi	3	3	6	50.00	5	First Class
North Carolina	7	7	9	60.00	8	Tourist
South Carolina	4	4	8	50.00	5	First Class
Virginia	8	7*	15	40.00	4	Tourist

This issue may not seem important at this time but believe me it is because two states could just about dictate the course we take on many issues and elections.

A request was made by our delegation for me to contact all other states regarding a Fifth Trustee Party and not have the hospitality suite. This was done and two states rejected the idea, namely Georgia and Florida.

The party on Monday night was indeed nice and well attended. Later in this report I will give the recommendations for this year. Our delegation did all we could do for Lum Martone but he lost

by 157 votes. I sent flowers to his suite also to Bob Shira's suite. We helped out in the Virginia suite as bar tenders, greeters, dish washers, etc.

I shall not go into the actions taken at the House of Delegates Meeting as it has been reported in the *Journal of the ADA* and other publications.

The North Carolina delegation was present at all sessions and cast their votes on all matters before the house.

The following recommendations were made at the critique dinner.

1. We send all delegates and alternates to the Atlanta meeting.
2. Be in position to sent all fourteen to the ADA in Las Vegas, for two reasons, the votes and assignments of resolutions and reports.
3. Recommend we have a hospitality suite in Las Vegas for not more than three nights.
4. Recommend that immediately following the election in May that the numerous councils be assigned each delegate with an alternate.

That we meet one week-end prior to Atlanta or two days in Atlanta before the meeting begins and let each team report on the council's reports and resolutions. This would carry on to the ADA House of Delegates. With this team effort a better report would be prepared and the alternate delegates would be seated on the floor when their report came up. This would relieve the delegates of the ordeal and make the alternates a more meaningful position. This would give all a chance to attend lectures, visit exhibits and attend to other matters.

The delegation reviewed the status of Ed Austin as a candidate for Trustee to succeed John Faust. We are 100 percent behind Ed and today we have the votes to elect him. Announcements will go out this coming week to all delegates and alternates of the 1975 adjourned House of Delegates. The election in 1977 will be most important in that the alternates may be allowed to vote. I have appeared before the Executive Committee and made a request for some financial help in the campaign as several mailings will have to go out before 1977.

Thank you for allowing me to serve in this important office. I would appreciate your evaluation of my conduct and that of the entire delegation.



# Resolutions

## PRESENTED 1976 HOUSE OF DELEGATES

1 *Resolved*, that the agenda on pages iii and iv be adopted as the official order of business for this session of the House of Delegates. (p. xvi — Committee on Rules and Order — Referred to House)

2 *Resolved*, that the summary of referrals on pages xii and xiii submitted by the Speaker of the House of Delegates be approved. (p. xvi — Committee on Rules and Order — Referred to House)

3 *Resolved*, that the report of the Committee on Rules and Order be adopted, and be it further

*Resolved*, that the report of the Committee on Rules and Order constitute the rules for the proper conduct of business at this session of the House of Delegates. (p. xvi — Committee on Rules and Order — Referred to House)

4 *Resolved*, that an award be established by the North Carolina Dental Society in conjunction with the American Cancer Society to honor the second year dental student at the University of North Carolina, who has the highest overall grade in Oral and General Pathology. (p. 101 — Dental Health Committee — Subcommittee on Cancer — Referred to Dental Care Programs & Health)

5 *Resolved*, that the President of the North Carolina Dental Society appoint a five member committee similar to the present committee, to continue the investigation of research data as it becomes available, to find more complete answers to the original charge and also to the additional questions this Committee has raised. (p. 146 — Special Study Committee on Expanded Duty Dental Auxiliaries — Referred to Dental Education & Related Matters)

6 *Resolved*, that the district societies submit to the North Carolina Dental Society Executive Committee the names of all new applicants for membership who have not complied with the mandatory attendance at the district meetings and that the Executive Committee handle the disposition of these applicants. (p. 191 — Membership Committee — Referred to President's Address, Legislative & Related Matters)

7 *Resolved*, that it be made a matter of record that the following were dropped from the roll on December 31, 1975, for non-payment of dues in accordance with Article VI, Section 6, of the Bylaws: First District: Gary F. Daniel, Asheville; H. V. Davenport, Hickory; Robert M. Diggs, Boone; Ronald E. Fair, Drexel; Robert P. Hendricksen, Centerville, Ohio; Robert W. Holmes, Asheville; George I. Miller, Waynesville; Thomas A. Morris, Asheville; Second District: William T. Cozart, Jr., Matthews; Clinton M. Jones, Salisbury; F. M. Wilson, Monroe; Third District: Robert E. Bass, High Point; Earl P. Hicks, Chapel Hill; William L. Johnson, Jr., Greensboro; Charles S. Scruggs, Augusta, Georgia; Charles L. Snow, Chapel Hill; Fourth District: James F. Hulín, Banner Elk; John W. Martin, Oxford; Colin P. Osborne, III, Chapel Hill; Ronnie D. Short, Raleigh; Gary L. Warren, Raleigh; Fifth District: George K. Butterfield, Wilson; John T. Madison, Shallotte. (p. 191 — Membership Committee — Referred to President's Address, Legislative & Related Matters)

8 *Resolved*, that the recommendations of this Committee be adopted by the House of Delegates as a statewide policy, and be it further

*Resolved*, that copies of the Dental Insurance Manual be sent to all licensed dentists in the State of North Carolina. (p. 153 — Special Committee on Group Funded Plans — Referred to Dental Care Programs & Health)

9 *Resolved*, that public relations personnel be selected by the Executive Director with approval of the President and President-Elect of the North Carolina Dental Society, and be it further

*Resolved*, that the budget for this activity be set by the Executive Committee. (p. 240 — Public Relations Committee — Referred to Dental Education & Related Matters)

10 *Resolved*, that the recommendations of the Dental Laboratory Relations Committee of the North Carolina Dental Society to implement the passage into law of H.B. 1132 and to undertake a study of dental technological education in North Carolina, be approved and adopted by the House of Delegates of the North Carolina Dental Society. (p. 127 — Dental Laboratory Relations Committee — Referred to President's Address, Legislative & Related Matters)

11 *Resolved*, that the information provided in this report be published for the general membership of the Society and other allied organizations in whatever manner necessary to gain the maximum

degree of exposure. (p. 60 — Special Committee on AHEC — Referred to President's Address, Legislative & Related Matters)

12 *Resolved*, that the President of the North Carolina Dental Society take the necessary steps to initiate the formation of Dental Advisory Committees in those AHEC regions that have not yet formed a Dental Advisory Committee. (p. 60 — Special Committee on AHEC — Referred to President's Address, Legislative & Related Matters)

13 *Resolved*, that the President of the North Carolina Dental Society encourage all AHEC Directors to assist in the appointment of an elected dentist on each AHEC governing board. (p. 60 — Special Committee on AHEC — Referred to President's Address, Legislative & Related Matters)

14 *Resolved*, that Article VIII, Section 1, of the *Constitution* be amended by adding the following words immediately following "delegates from each of the five districts," and one member elected by the American Student Dental Association from its membership, with the following becoming the amended Article VIII, Section 1: The House of Delegates shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, delegates from each of the five districts, and one member elected by the American Student Dental Association from its membership as provided for in Article III, Section 5 of the *Bylaws*, the appointed members of the Executive Committee, the Chairman of the Ethics Committee and the elected delegates to the American Dental Association, and be it further

*Resolved*, that the following be added to Article III, Section 5 of the *Bylaws* following the word "society," "In addition, one member shall be elected by the American Student Dental Association from its membership, who shall have full voting privileges."

The amended Article III, Section 5 shall read as follows: Each district society shall elect five delegates to the House of Delegates of the North Carolina Dental Society. In addition one member shall be elected by the American Student Dental Association from its membership who shall have full voting privileges. (p. 63 — Constitution & Bylaws Committee — Referred to Constitution & Bylaws Committee)

15 *Resolved*, that Article XV of the *Bylaws* be amended by changing the title of the article from Executive Secretary to Executive Director, and be it further

*Resolved*, that Article XV, Sections 1 and 2 be amended by deleting the words "Executive Secretary" in each section and adding "Executive Director" in their place with the following becoming the amended Article XV, Sections 1 and 2:

## ARTICLE XV—EXECUTIVE DIRECTOR

Section 1: There shall be an Executive Director appointed by the Executive Committee. The Executive Director shall be responsible to the Executive Committee and the work of his office will be supervised directly by the Secretary-Treasurer.

Section 2: The duties of the Executive Director shall be: (1) To be the executive head of the Central Office and all its branches, and to engage and supervise all employees except as otherwise provided by these BYLAWS; (2) To coordinate the activities of the several committees; (3) To assist the Executive Committee and the officers of this Society as requested; (4) To assist in preparation and administration of the annual meeting; (5) To assist the Publications Committee in the editing, publishing and business management of all the publications of the Society; (6) To conduct the business affairs of this Society under the supervision of the Executive Committee; (7) To execute all those acts and to serve in all those capacities required of him by these BYLAWS; (8) To present a written report annually to the Executive Committee and the House of Delegates on the activities of his office. (p. 63 — Constitution and Bylaws Committee — Referred to Constitution and Bylaws Committee)

16 *Resolved*, that Article V, Section 2 of the *Constitution* be amended by deleting the words "Editor-Publisher" immediately following "Chairman of the Executive Committee" and deleting the word "and" immediately following "Immediate Past President" and adding the words "and Editor-Publisher" immediately following "members of the Executive Committee by seniority" with the amended Article V, Section 2 reading:

The President-Elect, Vice President, Secretary-Treasurer, Chairman of the Executive Committee, Immediate Past President, members of



## Executive Committee

the Executive Committee, and Editor-Publisher shall be alternate delegates as required to equal the number of delegates. Should additional delegates be necessary, they shall be elected for terms of one year each in accordance with Article IX of the Bylaws. (p. 64—Constitution and Bylaws Committee — Referred to Constitution and Bylaws Committee)

## ONSLow COUNTY DENTAL SOCIETY

Whereas the University of North Carolina School of Dentistry at Chapel Hill receives funds in the amount of about \$550,000.00 annually from the Federal Government, and the stipulations placed upon these monies is becoming more restrictive, and whereas the number of graduates of the dental school are at a level that the dental needs of the people of North Carolina is being met, and whereas the facilities to continue to provide the highest quality education in the Nation are being used to maximum efficiency, the Onslow County Dental Society offers the following recommendations to the Fifth District Dental Society to be presented to the House of Delegates of the North Carolina Dental Society:

## RESOLUTION

17 Resolved, that the North Carolina Dental Society:

1) Seek funding from the North Carolina Legislature to replace the \$550,000.00 annually or

2) Seek funding from the North Carolina Legislature for \$225,000.00 annually to match \$225,000.00 raised from contributions by North Carolina dentists or

3) Attempt to secure contributions from the dentists in the State in the amount of \$300.00 annually.

18 Resolved, that Frank F. Shuler, D.D.S., President-Elect American Dental Association, be elected to honorary membership in the North Carolina Dental Society.

19 Resolved, that the North Carolina Dental Society Sponsored Disability Insurance Policy should be read thoroughly by every member as is the case of any important legal document. (p. 171—Special Committee on Society Sponsored Disability Insurance Programs — Referred to President's Address, Legislative & Related Matters)

## THE GREATER FAYETTEVILLE DENTAL SOCIETY

The Greater Fayetteville Dental Society would like to go on record in opposition to the fact that Title XIX of the Medicaid Program does not provide coverage for complete periodontal treatment.

The Society feels it is basic and of paramount importance that the periodontal tissues of the oral cavity ought to be in optimum health before the completion of restorative dentistry. (With particular regards in relation to the insertion of removable prosthetic appliances.)

Therefore the Society would like to propose the following resolution:

20 Resolved, that in the best interest of the patients for whom Title XIX was intended, there ought to be a provision in Title XIX for complete periodontal treatment so that the most favorable and long lasting oral health can be achieved.

## SOUTHEASTERN DENTAL SOCIETY

Our Society discussed the proposal by the National Health Service Corp. to place a dentist in Pembroke, N.C. We of the Southeastern Dental Society are partially ignorant as to the criteria that we should use in recommending such a program.

We understand that the original resolution of some five or six years ago states that any such proposal must be approved by the area dentists. We are now being told that the smallest area that this group will consider is the Fourth District Dental Society. In order to more clearly define our thoughts we offer the following resolution:

21 Resolved, that prior to the National Health Service Corp. placing a dentist in a given area in North Carolina, such a move must be approved by a minimum of two-thirds of the dentists living within a twenty mile radius of such an area, and be it further

Resolved, that an area not be asked to approve or disapprove such a location until such time as all avenues have been exhausted to secure a dentist from a private sector.

*Background:* A proposed change in the Dental Laws of North Carolina concerning off-campus training of UNC dental students was presented to the 1974 House of Delegates and the concept of this change was approved, Resolution 10-1976-H. The House of Delegates instructed the Executive Committee in consultation with the School of Dentistry and the State Board to seek legislation to effect this change.

H. B. 433 was introduced in the 1975 Session of the North Carolina General Assembly at the same time as H. B. 434. H. B. 434 is now dead and concerned research in private dental offices related to expanded functions of dental auxiliaries. H. B. 433 is in no way related to the dead H. B. 434. H. B. 433 deals with UNC dental students in extramural training.

At the time H. B. 433 was introduced in the Legislature, the School and the Board had not reached complete agreement on the changes. The 1975 Session of the North Carolina General Assembly ended with H. B. 433 passed by the House and pending in a Senate Committee.

However, since the end of the 1975 General Assembly, Dr. P. C. Purvis of the Executive Committee has worked with the School and the Board concerning their differences over H. B. 433. The School and Board have now reached agreement over these changes.

The Executive Committee meeting on March 12, 1976, approved the changes also.

Therefore, the Executive Committee wishes to propose the following resolution to the 1976 House of Delegates concerning these changes to the Dental Laws of North Carolina. It should be reemphasized that the following has been approved by the UNC School of Dentistry, the North Carolina State Board of Dental Examiners and the Executive Committee of the North Carolina Dental Society.

22 Resolved, see page 33.

23 Resolved, that the North Carolina Dental Society approves and endorses the following changes to the Dental Laws of North Carolina concerning off-campus education of dental students:

Section 1. G.S. 90-29(c) (4), as it appears in the 1974 Cumulative Supplement to General Statutes Volume 2C, is hereby amended to read as follows: (New matter being underlined, thus):

"The practice of dentistry in dental schools or colleges in this State approved by the North Carolina State Board of Dental Examiners by students enrolled in such schools or colleges as candidates for a Doctoral degree in Dentistry when such practice is performed as a part of their course of instruction and is under the direct supervision of a dentist who is either duly licensed in North Carolina or qualified under subdivision (3) above as a teacher; additionally, the practice of dentistry by such students at any location other than a private dental practice as the same may be hereinafter defined by Rules and Regulations of the Board subject to review and approval or disapproval by the said Board of Dental Examiners when in the opinion of the Dean of such dental school or college or his designee the student's dental education and experience are adequate therefor, and such practice is a part of the course of instruction of such students, is performed under the direct supervision of a duly licensed dentist acting as a teacher or instructor, and is without remuneration except for expenses and subsistence all as defined and permitted by the Rules and Regulations of said Board of Dental Examiners. Should the Board disapprove a specific program, the Board shall within 90 days inform the Dean of its actions together with specific and detailed reasons for such disapproval or revocation of a prior approval."

Section 2. Nothing herein shall be construed to permit the teaching of, delegation to or performance by any dental hygienist, Dental Assistant, or other auxiliary relative to any program of extramural rotation, of any function not heretofore permitted by the Dental Practice Act, the Dental Hygiene Act or by the Rules and Regulations of the Board.

Section 3. This Act shall become effective upon ratification.

Guy R. Willis, D.D.S.

*Background Information:* The North Carolina Dental Society is the ruling body for Organized Dentistry in the State of North Carolina. It is composed of five districts, geographically located to equitably represent the entire State. The administration of its affairs has been delegated to its duly constituted body, the House of Delegates, which has been given the authority to render decisions and pass resolutions in the name of the North Carolina Dental Society. These decisions and resolutions are final and binding unless reversed

by later action of the House of Delegates, with one exception. This exception is that any action taken on any resolution by the House of Delegates is subject to review by the General Session of the North Carolina Dental Society with subsequent vote to either approve or reverse the action of its House of Delegates. This exception was undoubtedly provided to assure that actions of the House of Delegates should always be subject to the final decision of the general membership.

It is further dictated in the Constitution and Bylaws that the only way that action on resolutions by the House of Delegates can be brought before the general membership for reconsideration, regardless of possible preponderance of dissatisfaction with House of Delegates action, is via the minority report route. This is, of course, an orderly and proper mechanism, and one that has rarely if ever been used on more than one occasion. However, when there is a strong indicated desire by the general membership to contest actions of the House of Delegates, this desire should be permitted with a minimum of effort. The required effort which exists at the present time should be reduced by decreasing the stipulated number of voting delegates who must sign the dissenting minority report from 10 to 6. In this day of rapid change involving the dental delivery system, we can no longer afford the luxury of denying or hampering the final ruling of the North Carolina Dental Society in its right to vote, if they so desire, on controversial resolutions, some of which may terminate in legislation having great and lasting impact on the dental delivery system to the people of this State.

Therefore, I present the following appropriate resolution:

**2-1976-H. Resolved**, that Article III, Section 2 of the Bylaws be amended by deleting the word "Ten" at the beginning of the sentence which reads "Ten members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and

appeal to the General Session of the Society," and in its place insert the word "Six," with the amended Article III, Section 2 reading: "Six" members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society."

**Dr. Lawrence Paschal**

**25 Resolved**, that the North Carolina Dental Society recognize that smoking is harmful to the oral tissues.

#### WILMINGTON DENTAL SOCIETY

Whereas delegates of the North Carolina Dental Society are elected by the dentists of North Carolina in order to represent the dentists of North Carolina, and whereas this representation attains its most significant dimension in the votes taken on various resolutions at the annual House of Delegates meeting, and whereas presently the manner in which an individual delegate votes on an issue is not a matter of record available to the dentists of North Carolina, and whereas in the democratic process, accountability is the mainstay of responsive representation, therefore the Wilmington Dental Society offers the following resolution to the House of Delegates of the North Carolina Dental Society for consideration and approval:

**26 Resolved**, that the North Carolina Dental Society:

1) Record all votes taken by the House of Delegates, the record to show how each individual delegate voted on each question and  
2) Promulgate to all members of the North Carolina Dental Society the voting record of all delegates in the House of Delegates meeting, the record to be presented in a concise, tabulated format and

3) Insure that this information is made available to all members of the North Carolina Dental Society before the annual state meeting of the North Carolina Dental Society.

## Actions of House of Delegates

**North Carolina Dental Society  
120th Annual Session  
March 12, 13, 14, 1976**

#### ADOPTED

**1-1976-H. Resolved**, that the agenda on pages iii and iv be adopted as the official order of business for this session of the House of Delegates.

**2-1976-H. Resolved**, that the summary of referrals on pages xii and xiii submitted by the Speaker of the House of Delegates be approved.  
**3-1976-H. Resolved**, that the report of the Committee on Rules and Order be adopted, and be it further

**Resolved**, that the report of the Committee on Rules and Order constitute the rules for the proper conduct of business at this session of the House of Delegates.

**4-1976-H. Resolved**, that Frank F. Shuler, D.D.S., President-Elect American Dental Association, be elected to honorary membership in the North Carolina Dental Society.

**REPLACED** by Dental Care Programs & Health Committee Resolution 33:

**5-1976-H. Resolved**, that the recommendations of this committee be adopted by the House of Delegates as a statewide policy, and be it further

**Resolved**, that copies of the Dental Insurance Manual be sent to all licensed dentists in the State of North Carolina.

**ADOPTED** as substitute for Resolution 5 above:

**6-1976-H. Resolved**, that this report be referred back to the committee for further study and revisions.

#### ADOPTED

**7-1976-H. Resolved**, that the information provided in the Special AHEC Committee report be published for the general membership of the Society and other allied organizations in whatever manner necessary to gain the maximum degree of exposure.

**8-1976-H. Resolved**, that the President of the North Carolina Dental Society take the necessary steps to initiate the formation of Dental Advisory Committees in those AHEC regions that have not yet formed a Dental Advisory Committee.

**9-1976-H. Resolved**, that the President of the North Carolina Dental Society encourage all AHEC Directors to assist in the appointment of an elected dentist on each AHEC governing board.

**10-1976-H. Resolved**, that the President of the North Carolina Dental Society appoint a five member committee similar to the present Special

Committee on Expanded Duty Dental Auxiliaries to continue the investigation of research data as it becomes available, to find more complete answers to the original charge and also to the additional questions this Committee has raised.

**11-1976-H. Resolved**, that this statement of policy is the official position of the North Carolina Dental Society for the year March, 1976 to March, 1977.

#### ADOPTED AS AMENDED

**12-1976-H. Resolved**, that a printing of the North Carolina Dental Society "Statement on Policy" be included in the proceedings issue of the NORTH CAROLINA DENTAL SOCIETY JOURNAL and that this report be placed on the agenda of all district and local societies, and be it further

**Resolved**, that a separate mailing be sent to all new members.

#### ADOPTED

**13-1976-H. Resolved**, that the Executive Committee assign an appropriate committee to continue the present Preventive Dentistry Program and try to obtain funding for a comprehensive evaluation of the effectiveness of the Preventive Dentistry Program.

**14-1976-H. Resolved**, that public relations personnel be selected by the Executive Director with approval of the President and President-Elect of the North Carolina Dental Society, and be it further

**Resolved**, that the budget for this activity be set by the Executive Committee.

**15-1976-H. Resolved**, that the Travel and Education Committee be assigned the task of arrangement of transportation to the annual meetings of the ADA in addition to previous assignments.

**REPLACED** by Dental Education & Related Matters Resolution 30:

**16-1976-H. Resolved**, that the North Carolina Dental Society:

- 1) Seek funding from the North Carolina Legislature to replace the \$550,000.00 Annually or
- 2) Seek funding from the North Carolina Legislature for \$225,000.00 annually to match \$225,000.00 raised from contributions by North Carolina dentists or
- 3) Attempt to secure contributions from the dentists in the State in the amount of \$300.00 annually.

**ADOPTED** as substitute for Resolution 16 above:

**17-1976-H. Resolved**, that the North Carolina Dental Society support the funding request from the School of Dentistry to the North Carolina State Legislature to prevent placing the School in a compromising



position in accepting federal funds for dental education, and be it further

*Resolved*, that the Society support the efforts of the School of Dentistry in securing funds from dentists and other private sources.

#### ADOPTED

*18-1976-H. Resolved*, that the North Carolina Dental Society approves and endorses the following changes to the Dental Laws of North Carolina concerning off-campus education of dental students:

Section 1. G.S. 90-29(c) (4), as it appears in the 1974 Cumulative Supplement to General Statutes Volume 2C, is hereby amended to read as follows: (New matter being underlined, *thus*):

"The practice of dentistry in dental schools or colleges in this State approved by the North Carolina State Board of Dental Examiners by students enrolled in such schools or colleges as *candidates for a Doctoral Degree in Dentistry* when such practice is performed as a part of their course of instruction and is under *direct* supervision of a dentist who is either duly licensed in North Carolina or qualified under subdivision (3) above as a teacher; additionally, the practice of dentistry by such students at any location *other than a private dental practice as the same may be hereinafter defined by Rules and Regulations of the Board* subject to review and approval or disapproval by the said Board of Dental Examiners when in the opinion of the Dean of such dental school or college or his designee, the students' dental education and experience are adequate therefor, and such practice is a part of the course of instruction of such students, is performed under the *direct* supervision of a duly licensed dentist acting as a teacher or instructor, and is without remuneration except for expenses and subsistence *all as defined and permitted by the Rules and Regulations of said Board of Dental Examiners. Should the Board disapprove a specific program, the Board shall within 90 days inform the Dean of its actions together with specific and detailed reasons for such disapproval or revocation of a prior approval.*"

Sec. 2. *Nothing herein shall be construed to permit the teaching of, delegation to or performance by any dental hygienist, dental assistant, or other auxiliary relative to any program of extramural rotation, of any function not heretofore permitted by the Dental Practice Act, the Dental Hygiene Act or by the Rules and Regulation of the Board.*

Sec. 3. This Act shall become effective upon ratification.

#### REJECTED

*19-1976-H. Resolved*, that Article VIII, Section 1, of the *Constitution* be amended by adding the following words immediately following "delegates from each of the five districts," and one member elected by the American Student Dental Association from its membership, with the following becoming the amended Article VIII, Section 1:

The House of Delegates shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, delegates from each of the five districts, and one member elected by the American Student Dental Association from its membership as provided for in Article III, Section 5 of the *Bylaws*, the appointed members of the Executive Committee, the Chairman of the Ethics Committee and the elected delegates to the American Dental Association, and be it further

*Resolved*, that the following be added to Article III, Section 5 of the *Bylaws* following the word "society." "In addition, one member shall be elected by the American Student Dental Association from its membership, who shall have full voting privileges."

The amended Article III, Section 5 shall read as follows: Each district society shall elect five delegates to the House of Delegates of the North Carolina Dental Society. In addition one member shall be elected by the American Student Dental Association from its membership who shall have full voting privileges.

#### ADOPTED

*20-1976-H. Resolved*, that Article XV of the *Bylaws* be amended by changing the title of the article from Executive Secretary to Executive Director, and be it further

*Resolved*, that Article XV, Sections 1 and 2 be amended by deleting the words "Executive Secretary" in each section and adding "Executive Director" in their place with the following becoming the amended Article XV, Sections 1 and 2:

#### Article XV—Executive Director

Section 1: There shall be an Executive Director appointed by the Executive Committee. The Executive Director shall be responsible to the Executive Committee and the work of his office will be supervised directly by the Secretary-Treasurer.

Section 2: The duties of the Executive Director shall be: (1) to be the executive head of the Central Office and all its branches, and to engage and supervise all employees except as otherwise provided

by these *BYLAWS*; (2) to coordinate the activities of the several committees; (3) to assist the Executive Committee and the officers of this Society as requested; (4) to assist in preparation and administration of the annual meeting; (5) to assist the Publications Committee in the editing, publishing and business management of all the publications of the Society; (6) to conduct the business affairs of this Society under the supervision of the Executive Committee; (7) to execute all those acts and to serve in all those capacities required of him by these *BYLAWS*; (8) to present a written report annually to the Executive Committee and the House of Delegates on the activities of his office.

*21-1976-H. Resolved*, that Article V, Section 2 of the *Constitution* be amended by deleting the words "Editor-Publisher" immediately following "Chairman of the Executive Committee" and deleting the word "and" immediately following "Immediate Past President" and adding the words "and Editor-Publisher" immediately following "members of the Executive Committee by seniority" with the amended Article V, Section 2 reading:

The President-Elect, Vice President, Secretary-Treasurer, Chairman of the Executive Committee, Immediate Past President, members of the Executive Committee, by seniority, and Editor-Publisher shall be alternate delegates as required to equal the number of delegates. Should additional delegates be necessary, they shall be elected for terms of one year each in accordance with Article IX of the *Bylaws*.

#### REJECTED

*22-1976-H. Resolved*, that Article III, Section 2 of the *Bylaws* be amended by deleting the word "Ten" at the beginning of the sentence which reads "Ten members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society," and in its place insert the word "Six," with the amended Article III, Section 2 reading:

"Six" members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society."

#### ADOPTED

*23-1976-H. Resolved*, that in order to enlighten the North Carolina Dental Society membership, make committee structure more viable and in order to better serve the public—the Executive Director of the North Carolina Dental Society be requested to publish in the next issue of the Newsletter a description of the purpose, structure and functions of the Ethics, Professional Relations, and Peer Review Committees, and be it further

*Resolved*, that the Executive Director of the North Carolina Dental Society be requested to furnish copies of the North Carolina Dental Society and ADA Peer Review Manuals to district presidents and members of the district peer review committees.

*24-1976-H. Resolved*, that an award be established by the North Carolina Dental in conjunction with the American Cancer Society to honor the second year dental student at the University of North Carolina who has the highest overall grade in Oral and General Pathology.

*REPLACED* by Dental Care Programs & Health Resolution 34:

*25-1976-H. Resolved*, that in the best interest of the patients for whom Title XIX was intended, there ought to be a provision in Title XIX for complete periodontal treatment so that the most favorable and long lasting oral health can be achieved.

*ADOPTED* as substitute for Resolution 25 above:

*26-1976-H. Resolved*, that the Dental Care Committee of the North Carolina Dental Society be instructed to resubmit to the North Carolina Department of Human Resources a revision of the dental coverage under Title XIX which more adequately provides the Medicaid patient the long lasting oral health available through modern preventive and restorative dentistry.

#### POSTPONED INDEFINITELY

*27-1976-H. Resolved*, that prior to the National Health Service Corps placing a dentist in a given area in North Carolina, such a move must be approved by a minimum of two-thirds of the dentists living within a twenty mile radius of such an area, and be it further

*Resolved*, that an area not be asked to approve or disapprove such a location until such time as all avenues have been exhausted to secure a dentist from a private sector.

*REPLACED* by Dental Care Programs & Health Resolution 35:

*28-1976-H. Resolved*, that the North Carolina Dental Society recognize that smoking is harmful to the oral tissues.

*ADOPTED* as substitute for Resolution 28 above:

*29-1976-H. Resolved*, that the North Carolina Dental Society takes a position that smoking is harmful to the oral tissues.



REPLACED by President's Address, Legislative & Related Matters Resolution 36:

30-1976-H. *Resolved*, that the recommendations of the Dental Laboratory Relations Committee of the North Carolina Dental Society to implement the passage into law of H. B. 1132 and to undertake a study of dental technological education in North Carolina, be approved and adopted by the House of Delegates of the North Carolina Dental Society.

*ADOPTED* as substitute for Resolution 30 above:

31-1976-H. *Resolved*, that this House of Delegates direct the President of the North Carolina Dental Society to appoint a liaison committee between the North Carolina Dental Society and the North Carolina State Board of Dental Examiners, and be it further

*Resolved*, that this committee address itself to the resolution of matters of significant concern between these two bodies and more specifically, the situation in regards to the dental laboratory industry problem.

*ADOPTED*

32-1976-H. *Resolved*, that the North Carolina Dental Society Sponsored Disability Insurance Policy should be read thoroughly by every member as is the case of any important legal document.

33-1976-H. *Resolved*, that the district societies submit to the North Carolina Dental Society Executive Committee the names of all new applicants for membership who have not complied with the mandatory attendance at the district meetings and that the Executive Committee handle the disposition of these applicants.

34-1976-H. *Resolved*, that it be made a matter of record that the following were dropped from the roll on December 31, 1975, for non-payment of dues in accordance with Article VI, Section 6, of the Bylaws:

First District:	Gary F. Daniel, Asheville H. V. Davenport, Hickory Robert M. Diggs, Boone Ronald E. Fair, Drexel Robert P. Hendricksen, Centerville, Ohio Robert W. Holmes, Asheville George I. Miller, Waynesville Thomas A. Morris, Asheville
Second District:	William T. Cozart, Jr., Matthews Clinton M. Jones, Salisbury F. M. Wilson, Monroe
Third District:	Robert E. Bass, High Point Earl P. Hicks, Chapel Hill William L. Johnson, Jr., Greensboro Charles S. Scruggs, Augusta, Georgia Charles L. Snow, Chapel Hill
Fourth District:	James F. Hulin, Banner Elk

Fifth District:

John P. Martin, Oxford  
Colin P. Osborne, III, Chapel Hill  
Ronnie D. Short, Raleigh  
Gary L. Warren, Raleigh  
George K. Butterfield, Wilson  
John T. Madison, Shallotte

*REJECTED*

35-1976-H. *Resolved*, that the North Carolina Dental Society:

1) Record all votes taken by the House of Delegates, the record to show how each individual delegate voted on each question and

2) Promulgate to all members of the North Carolina Dental Society the voting record of all delegates in the House of Delegates meeting, the record to be presented in a concise, tabulated format and

3) Insure that this information is made available to all members of the North Carolina Dental Society before the annual state meeting of the North Carolina Dental Society.

*ADOPTED*

36-1976-H. *Resolved*, that the spirit and intent of recording the voting record of the delegates to the North Carolina Dental Society House of Delegates is worthy of consideration, and be it further

*Resolved*, that this concept be referred to the appropriate committee, or that a committee be appointed to study this and present its recommendations to the 1977 House of Delegates.

37-1976-H. *Resolved*, that James B. Edwards, D.M.D., Governor of the great State of South Carolina be elected to honorary membership in the North Carolina Dental Society, and be it further

*Resolved*, that a copy of this resolution be transmitted to Governor Edwards, D.M.D. by the President of this Society.

*REFERRED TO CONSTITUTION AND BYLAWS COMMITTEE*  
38-1976-H. *Resolved*, that Article II, Section 12, paragraph 1 of the Bylaws on page 8 be eliminated and the following paragraphs be substituted:

This committee shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, the immediate Past President and five district members (one elected by each district.) The five district members shall be determined at district elections and be elected for staggered terms of three (3) years, two (2) years, and one (1) year respectively and thereafter for terms of three (3) years. No district member elected to a three year term may succeed himself. Three (3) year terms of district members are subject to annual ratification by their respective district memberships.

The President shall annually designate the chairman of this committee from the committee members, and be it further

*Resolved*, that the order of selection of the initial periods of rotation shall be determined by a draw, and be it further

*Resolved*, that this change should become effective with the term of office of the new President in 1977.

## Minutes of Executive Committee

RALEIGH, NORTH CAROLINA  
March 12, 1976

*Call to Order.* The Executive Committee convened on Friday, March 12, 1976, at the Central Office of the Society in Raleigh, N. C. Dr. Mitchell W. Wallace, Chairman, called the meeting to order at 10:25 a.m.

*Roll Call.* Officers present: H. E. Maxwell, President; R. B. Barden, President-Elect; P. C. Purvis, Vice President; R. B. Litton, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

Executive Committee members present: M. W. Wallace, Chairman; C. W. Horton, J. H. Spillman, and G. R. Willis.

Staff present: Robert L. Cherry.

H. B. 433. Dr. Purvis discussed the agreement that had been reached between the UNC School of Dentistry and the N. C. State Board of Dental Examiners over proposed amendments to the Dental Laws of N. C. dealing with off-campus training for dental students. H. B. 433 was the original bill submitted to the N. C. State Legislature in 1975 concerning these changes.

Further comments were deferred until an afternoon appearance by Mr. Walter Horton, legal counsel for the State Board.

H. B. 1132. H. B. 1132 introduced in the N. C. Legislature in 1975 concerning statutory regulation was discussed at some length by the Committee. H. B. 1132 died in committee in the 1975 session of the N. C. Legislature. The Dental Laboratory Relations Committee submitted a resolution to the 1976 NCDS House of Dele-

gates that H. B. 1132 be reconsidered for implementation. The Lab Committee's resolution was considered also.

*Recess.* The meeting recessed from 12:45 p.m. to 1:30 p.m. for lunch.

H. B. 433. Upon reconvening at 1:30 p.m., Mr. Walter Horton of the N. C. State Board of Dental Examiners informed the Committee of the Board's total agreement on the proposed changes to the Dental Laws of N. C. concerning off-campus dental student training.

Dr. Spillman moved that the amendments proposed for H. B. 433 presented by Mr. Walter Horton be submitted to the 1976 NCDS House of Delegates for their approval. The motion was seconded by Dr. Willis and passed.

H. B. 1132. Dr. Willis moved that the Executive Committee go on record as opposing Resolution 10 from the Dental Laboratory Relations Committee as it is now written and presented to the 1976 NCDS House of Delegates. Due to the controversial nature of this issue the members of the N. C. State Board of Dental Examiners were requested to attend all Reference Hearings and House Meetings concerning this resolution and that other interested persons, including the Dental Laboratory Relations Committee, also be asked to attend.

Dr. Maxwell seconded the motion and it passed unanimously.

*Old Business.* On a motion by Dr. Spillman, seconded by Dr. Barden, it was approved that Dr. Maxwell and Dr. Barden arrange a workshop to discuss the structure and functions of the N. C. Dental Society.

*New Business.* Dr. Purvis presented to the Executive Committee authorize Dr. Barden to go to Las Vegas to arrange parlor space for the 1976 ADA meeting if this cannot be arranged by telephone. Dr. Maxwell seconded the motion and it carried.

On a motion by Dr. Barden, seconded by Dr. Maxwell, it was approved that Dr. Wallace contact Dr. Ralph Coffey and Dr. Ed Austin to discuss with Dr. Austin financial assistance with his campaign for trustee.

*Adjournment.* The meeting adjourned at 5:05 p.m.

## MINUTES OF WORKSHOP ON N. C. DENTAL SOCIETY ORGANIZATIONAL REVALUATION RESEARCH TRIANGLE PARK APRIL 24 & 25, 1976

**Call to Order.** The meeting began at 8:35 p.m. with opening remarks by Dr. H. E. Maxwell, President, N. C. Dental Society. Mr. John Ormond, Director, Center for Growth and Development, was selected to act as facilitator for the meeting.

**Attendance.** Dr. H. E. Maxwell, Mr. John Ormond, Dr. J. A. Harrell, Dr. J. M. Johnson, Dr. J. H. Spillman, Dr. G. R. Willis, Dr. J. M. McAllister, Dr. D. W. Seifert, Dr. R. B. Litton, Dr. C. W. Horton, Dr. W. T. Wilkins, Dr. J. H. Edwards, Dr. N. B. Grantham, Dr. M. W. Wallace, Dr. R. J. Shankle, Dr. D. F. Hord, Dr. R. B. Barden, Mr. R. L. Cherry, Mr. G. L. Sauls.

**Discussion.** Mr. Ormond began by stating that it was his understanding that the meeting was to have as its objectives to:

1. Describe the Goals and Purposes of the NCDS.
2. Strengthen the Society's Committee Structure.
3. Improve Services for the Membership.

He asked each person present to describe the way in which the Society provided service to them. The responses were:

1. Continuing Education.
2. Aid in receiving information.
3. Maintenance of Private Practice.
3. Public Information.
5. Lobbying.
6. Professional representation to the public and government.
7. Communications.
8. Administration and Socialization.
9. Aids in practice.
10. Fact-finding.
11. Fraternity.
12. Security and Unity.
13. Fellowship.
14. Vehicle to shape and determine future.

Mr. Ormond outlined on the board the following expectations that he had gleaned from the preceding question to the attendees:

### Expectations:

- |  |  |
|--|--|
| A. Fraternity                          | D. Maintenance and Improvement of Dental Delivery System |
| 1. Unity                               |  |
| 2. Social                              |  |
| 3. Shared information                  | 1. High Quality  |
| B. Education                           | E. Communication to Membership and Public                |
| 1. Continuing Education                | 1. Public Relations                                      |
| 2. Dental School                       | 2. Grass Roots Membership                                |
| 3. Legal matters                       | F. Service   |
| 4. Government Regulations and Programs | 1. NCDS — Members  |
| 5. To the Public                       | G. Lobbying  |
| C. Ethical Base                        | 1. Legislative Involvement                               |
| 1. Standards for profession            |  |

The group was asked to express what they felt were the most important areas. The response was *Communications to the Membership and Public and Greater Involvement among Memberships.*

**Organizational Comparison.** Mr. Gene L. Sauls of the N. C. Medical Society described the workings of the Medical Society Office and committees.

**Recess.** The meeting recessed at 10:30 p.m.

**Reconvene.** The meeting reconvened at 9:08 a.m., April 25.

**Attendance.** The same persons were present with the addition of: Dr. R. H. Watson, Dr. K. D. Owen, and Dr. Raleigh E. Dingman.

**Organizational Comparison Continued.** Mr. Sauls answered questions concerning the Medical Society structure. Dr. Raleigh E. Dingman of the N. C. School Boards Association discussed his Association and its administration.

**Suggestions.** Mr. Ormond solicited suggestions for solving what had been identified as the Society's major problem, COMMUNICATIONS. Suggestions for improvement included:

1. Redistricting
  4. Local Society Visitation
  2. Better Professional Relations
  5. Better Public Relations
  3. Dentist Referral System for Public
  6. More Legislative Contact
- Committee Structure.** The remainder of the meeting involved realigning the Society's various committees.

**Adjournment.** The meeting adjourned at 2:35 p.m.

## PINEHURST, NORTH CAROLINA MAY 12, 1976

**Call to Order.** The Executive Committee convened on Wednesday, May 12, 1976, at the Pinehurst Hotel in Pinehurst, North Carolina. Dr. Robert H. Watson, Chairman, called the meeting to order at 12:10 p.m.

**Roll Call.** Officers present: R. B. Barden, President; R. B. Litton, President-Elect; D. W. Seifert, Vice-President; J. H. Spillman, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

**Executive Committee members present:** R. H. Watson, Chairman; H. E. Maxwell, G. R. Willis, M. W. Wallace.

**Others present:** R. M. Fields, J. W. Couch, G. R. Homes, and R. B. Warlick.

**Staff present:** R. L. Cherry, Executive Director.

**Editor-Publisher.** On a motion by Dr. Wallace, seconded by Dr. Litton, Dr. R. J. Shankle was appointed as Editor-Publisher, N. C. DENTAL JOURNAL, for 1976-1977.

**Annual Session.** Dr. J. W. Couch, Chairman, Annual Sessions, discussed with the Committee the format of the Annual Session and suggestions for the 1977 Session.

Dr. Wallace moved that the payment of any bills in connection with the Health Evaluation Program given at Pinehurst be deferred until detailed expense analysis is presented to the committee. Dr. Barden seconded the motion and it passed.

**National Health Service Corps.** Dr. Garland R. Homes, President, Fifth District, and Chairman, Dental Manpower Advisory Committee, presented an interim policy statement on the National Health Service Corps and guideline procedures for the Dental Manpower Advisory Committee.

Dr. Wallace moved that the committee approve the interim policy statement and guidelines with the amendment in paragraph 1, line 1, "free enterprise fee for service" before private practice and in line 4, paragraph 1, "manpower" after All. The motion was seconded by Dr. Barden and carried.

Dr. Barden moved that the policy and guidelines be printed in the JOURNAL and disseminated to the Dental Manpower Advisory Committee members. Dr. Spillman seconded the motion and it was passed.

**Dental Assistants.** On a motion by Dr. Seifert, seconded by Dr. Willis, a resolution from the N. C. Dental Assistants Association concerning registration was accepted for information.

**ADA Delegation.** Dr. Maxwell moved that one day's per diem and round trip airfare for all ADA delegates and alternates be approved for the fall Atlanta Caucus and that a preliminary organizational meeting be held in North Carolina. Dr. Willis seconded the motion and it carried.

**National Health Insurance Reports.** Dr. Maxwell moved that the Central Office include the Legislative Committee and District Presidents on the mailing list for *National Health Insurance Reports*. The motion was seconded by Dr. Litton and passed.

**Next Meeting.** The next meeting was scheduled for 8:00 a.m., Saturday, May 22, at the Blockade Runner at Wrightsville Beach.

**Adjournment.** The meeting adjourned at 2:12 p.m.

## WRIGHTSVILLE BEACH, N. C. MAY 22, 1976

**Call to Order.** The Executive Committee convened on Saturday, May 22, 1976, at the Blockade Runner in Wrightsville Beach, N. C. Dr. Mitchell W. Wallace, acting Chairman, called the meeting to order at 8:40. Dr. Robert B. Litton gave the invocation.

**Roll Call.** Officers present: R. B. Barden, President; R. B. Litton, President-Elect; J. H. Spillman, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

**Executive Committee members present:** M. W. Wallace, H. E. Maxwell.

**Staff present:** R. L. Cherry.

**Dental Manpower Programs.** Dr. Spillman moved that the Dental Care Programs Committee be requested to seek out any dental delivery systems in North Carolina other than the private fee for service concept not now being studied by other Society committees and determine whether or not policy should be developed for those systems. Specifically, the Dental Care Programs Committee should look at HMO's and the dental van delivery project funded by the Program on Access to Health Care (Reynolds and Kate B. Duke Funds).

Dr. Barden seconded the motion and it passed.

Dr. Maxwell moved that Mr. William F. Henderson, Director, Program on Access to Health Care, be invited to attend the next Executive Committee meeting and present the results of the two mobile dental units project in Eastern and Western North Carolina. If the results are favorable, a Society committee should investigate the feasibility of using this system for institutionalized persons (prisons, etc.). Dr. Spillman seconded the motion and it carried.

**Plain Bond Copier.** On a motion by Dr. Maxwell, seconded by Dr. Spillman, it was approved that the Executive Director be allowed to spend up to \$3,200 on a plain bond copier for the Central Office.

**Patient Referrals.** Dr. Litton moved that the President of the N. C. Dental Society, Dr. Barden, be requested to call Dr. Ben Brown, President of the Raleigh-Wake County Dental Society, and discuss with him the problem of requests for dentists referrals from the public calling the Central Office. The motion was seconded by Dr. Maxwell and passed.

**Health Evaluation Honorariums.** Dr. Wallace moved that the honorariums for Drs. Miller and Ribisl who performed the health

evaluations at the Annual Meeting be paid immediately. Dr. Spillman seconded the motion and it carried.

**Dental Manpower Study Committee.** On a motion by Dr. Maxwell, seconded by Dr. Wallace, it was approved that the Special Dental Manpower Study Committee be continued and that the President be requested to reappoint the members.

**Executive Director.** Dr. Maxwell reported on the progress of the Executive Director Search Committee.

Dr. Wallace moved that the Secretary-Treasurer of the N. C. Dental Society be permitted to pay a consultation fee to Robert L. Cherry during the interim period of locating and training a new Executive Director through the May, 1977 Annual Session. The motion was seconded by Dr. Maxwell and passed.

**Editor-Publisher.** Dr. Barden announced that a search committee consisting of Drs. Shankle, Wallace, and Litton has been appointed

to find a replacement for the Editor-Publisher of the N. C. DENTAL JOURNAL.

**Public Relations.** On a motion by Dr. Maxwell, seconded by Dr. Spillman, it was approved that the maximum payment for any part-time public relations be set at \$75 a day plus expenses.

**Dental School.** Dr. Spillman moved that since the Executive Committee recognizes the need for additional money being made available to the UNC School of Dentistry on a continuing basis in order that the School may reject federal monies with restrictive guidelines, the Committee strongly urges all members of the Society to support the N. C. Dental Foundation's drive for pledges in the fall. Dr. Wallace seconded the motion and it carried.

**Next Meeting.** The next meeting was set for 9:00 p.m., Friday, September 10, at the Blockade Runner, Wrightsville Beach.

**Adjournment.** The meeting adjourned at 11:49 p.m.

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 Colin P. Osborne, Jr. (1977), Drawer 1344, Lumberton 28358

Jack B. Sowter (1978), 2414 Wycliff Road, Raleigh 27607  
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# Presidents of the North Carolina Dental Society Since Its Organization

1856.....	*W. F. Bason	1905-06.....	*J. S. Betts	1941-42.....	*C. C. Poindexter
1857.....	*E. H. Andrews	1906-07.....	*J. R. Osborne	1942-43.....	*Paul Fitzgerald
1858.....	*B. F. Arrington	1907-08.....	*D. L. James	1943-44.....	*Clyde E. Minges
1866.....	*B. F. Arrington	1908-09.....	*F. L. Hunt	1944-45.....	*O. C. Barker
1875-76.....	*B. F. Arrington	1909-10.....	*J. C. Watkins	1946-47.....	E. M. Medlin
1876-77.....	*V. E. Turner	1910-11.....	*A. H. Fleming	1947-48.....	*R. M. Olive
1877-78.....	*J. W. Hunter	1911-12.....	*P. E. Horton	1948-49.....	C. W. Sanders
1878-79.....	*E. L. Hunter	1912-13.....	*R. G. Sherrill	1949-50.....	*Walter T. McFall
1879-80.....	*D. E. Everitt	1913-14.....	*C. F. Smithson	1950-51.....	A. S. Bumgardner
1880-81.....	*Isaiah Simpson	1914-15.....	*J. A. Sinclair	1951-52.....	*R. Fred Hunt
1881-82.....	*M. A. Bland	1915-16.....	*I. H. Davis	1952-53.....	*A. C. Current
1882-83.....	*J. R. Griffith	1916-17.....	*R. O. Apple	1953-54.....	Neal Sheffield
1883-84.....	*W. H. Hoffman	1917-18.....	*R. M. Squires	1954-55.....	*B. N. Walker
1884-85.....	*J. H. Durham	1918-19.....	*J. N. Johnson	1955-56.....	*J. W. Branham
1885-86.....	*J. E. Matthews	1919-20.....	*W. T. Martin	1956-57.....	H. K. Thompson
1886-87.....	*B. H. Douglas	1920-21.....	*J. H. Judd	1957-58.....	R. D. Coffey
1887-88.....	*T. M. Hunter	1921-22.....	*W. M. Robey	1958-59.....	S. E. Moser
1888-89.....	*V. E. Turner	1922-23.....	*S. R. Horton	1959-60.....	*W. B. Sherrod
1889-90.....	*S. P. Hilliard	1923-24.....	*R. M. Morrow	1960-61.....	L. H. Butler
1890-91.....	*H. C. Herring	1924-25.....	*J. A. McClung	1961-62.....	N. F. Ross
1891-92.....	*C. L. Alexander	1925-26.....	*H. O. Lineberger	1962-63.....	E. D. Baker
1892-93.....	*F. S. Harris	1926-27.....	B. F. Hall	1963-64.....	S. Byron Towler
1893-94.....	*C. A. Rominger	1927-28.....	*E. B. Howle	1964-65.....	Darden J. Eure
1894-95.....	*H. D. Harper	1928-29.....	*I. R. Self	1965-66.....	Pearce Roberts, Jr.
1895-96.....	*R. H. Jones	1929-30.....	*J. H. Wheeler	1966-67.....	J. H. Guion
1896-97.....	*J. E. Wyche	1930-31.....	Paul E. Jones	1967-68.....	George F. Kirkland, Jr.
1897-98.....	*H. V. Horton	1931-32.....	*Dennis Keel	1968-69.....	Colin P. Osborne, Jr.
1898-99.....	*C. W. Banner	1932-33.....	*Wilbert Jackson	1969-70.....	C. W. Poindexter
1899-1900.....	*A. C. Liverman	1933-34.....	*Ernest A. Branch	1970-71.....	W. L. Hand, Jr.
1900-01.....	*E. J. Tucker	1934-35.....	*L. M. Edwards	1971-72.....	Wade H. Breeland
1901-02.....	*J. S. Spurgeon	1935-36.....	*Z. L. Edwards	1972-73.....	Joseph M. Johnson
1902-03.....	*J. H. Benton	1936-37.....	*D. L. Pridgen	1973-74.....	James A. Harrell
1903-04.....	*J. M. Fleming	1937-38.....	*J. F. Reece	1974-75.....	Charles W. Horton
1904-05.....	*W. B. Ramsey	1938-39.....	G. Fred Hale	1975-76.....	Harold E. Maxwell
		1939-40.....	F. O. Alford	1976-77.....	R. B. Barden
		1940-41.....	*C. M. Parks		

\*Deceased.

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A native of Princeton, West Virginia, he attended Meramec College, St. Louis, and the University of Missouri in St. Louis.

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# CALENDAR

First District Autumn Meeting . . . . .	Boone . . . . .	September 24-26
Second District Autumn Meeting . . . . .	Charlotte . . . . .	September 17-19
Third District Autumn Meeting . . . . .	Greensboro . . . . .	October 1-3
Fourth District Autumn Meeting . . . . .	Raleigh . . . . .	October 7-9
Fifth District Autumn Meeting . . . . .	Wilmington . . . . .	September 10-12
A.D.A. 117th Annual Session . . . . .	Las Vegas, Nevada . . . . .	November 14-18
Dental Seminar Day . . . . .	Chapel Hill . . . . .	December 3
District Officers' Conference . . . . .	Raleigh . . . . .	December 4
House of Delegates N.C. D.S. . . . .	Raleigh . . . . .	March 18-20
N.C.D.S. Annual Meeting . . . . .	Pinehurst . . . . .	May 15-18



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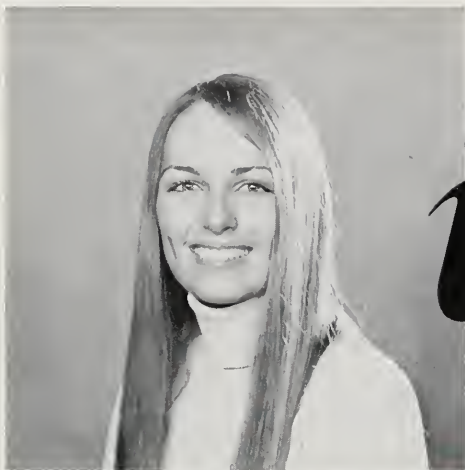
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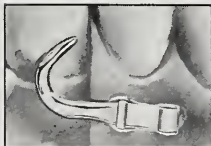
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# North Carolina DENTAL JOURNAL

VOLUME 59, NO. 4

AUTUMN 1976

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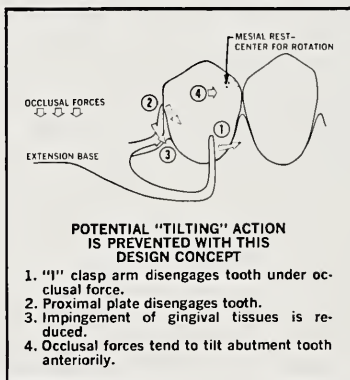
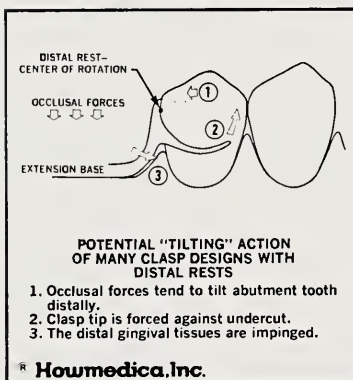
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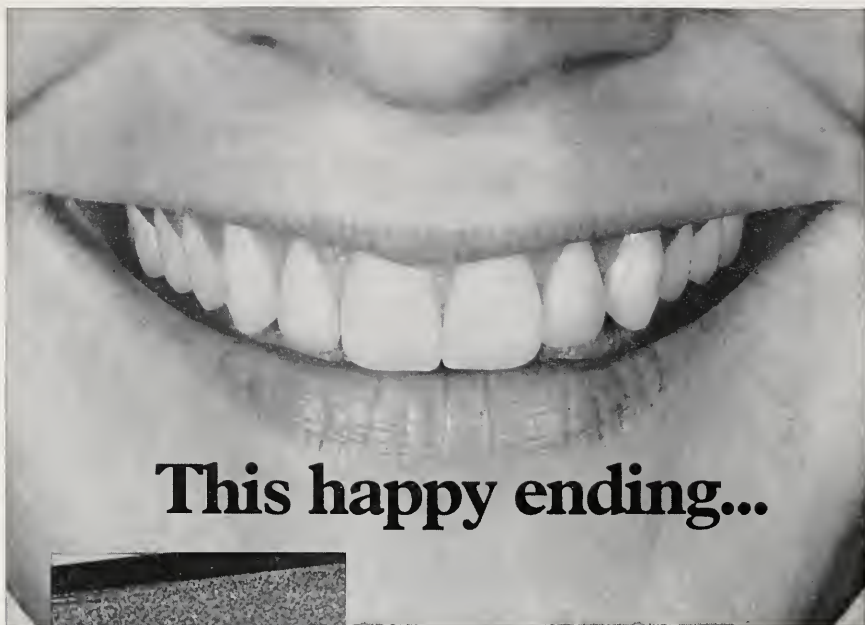
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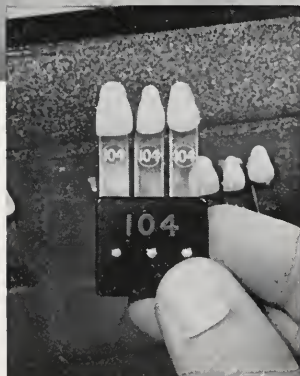
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**ABOUT THE COVER**

President of the North Carolina Dental Society, Dr. R. B. "Buck" Barden enjoys the sea in his leisure times. See story, page 8, about our president.

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# North Carolina DENTAL JOURNAL

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Expressions of opinion and statements of supposed fact are the author's and should not be regarded as views of the North Carolina Dental Society.



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# Items of Interest



**ICD PRESENTS CHECK.** Deputy regent Baxter Sapp presents a \$1500 check from the International College of Dentists to Dean Raymond White towards student loan fund.

**THE AMERICAN ACADEMY OF PERIODONTOLOGY.** The 62nd Annual Session of the American Academy of Periodontology, November 17-20, 1976 in San Francisco, California, will feature two full mornings of concurrent Continuing Education Courses. Members and guests may choose from eight limited attendance courses on Thursday morning and nine on Saturday morning.

**ADA PRESIDENT SHIRA ADDRESSES CWPS.** Dr. Shira has informed the Council on Wage and Price Stability that the costs, borne by the dentist in providing dental health care, in operating a dental practice are rising twice as fast as dental fees.

**CRANIOFACIAL PAIN MECHANISMS AND CONTROL POST-DOCTORAL FELLOWSHIP.** Effective immediately, post-doctoral fellowships are offered for individuals with D.D.S., M.D., or Ph.D. degrees who are seeking academic careers in which research teaching and health care will be directed toward problems related to pain, with emphasis on craniofacial pain. The program is to be administered primarily through the Dental Research Center, U.N.C. at Chapel Hill with a grant from The National Institute of Dental Research and will be conducted with the faculty of the Schools of Medicine, Nursing, and Dentistry. Stipends will begin at \$10,800.

**KANSAS CITY, ATLANTA, CHOSEN FOR 1981, 1982, ADA MEETINGS.** The Board of Trustees has chosen October 25-29, 1981, in Kansas City, Missouri.

The 1982 session in Atlanta is contingent on the availability of suitable dates.

**VA OPERATES SILVER MINES.** A group of Veterans Administration employees are operating silver mines — right where they work. Last year these “miners” hauled up \$2,315,263 in precious metal and by-products. The “mines” are located in a number of VA’s 171 hospitals and consist of recovery tanks and associated equipment to recapture silver from x-ray film and the chemicals used to develop the pictures. A total of 235,397 troy ounces of silver were recovered from x-ray developing solution during the year and, in addition, VA collected 1.1 million pounds of scrap x-ray film with a value of \$1,177,119. When the program began, silver was valued at \$1.23 per troy ounce. Today, with a value in excess of \$4 a troy ounce, VA’s silver operation is far more extensively developed and profitable to Uncle Sam. In a typical hospital the silver recovery unit utilized an electrolytic process to collect pure silver on a multi-plated cathode. When full, a cathode will contain as much as 300 troy ounces of silver worth well over \$1,200 at recent prices.

**QUALITY REVIEW SYSTEMS.** An intensive survey of existing quality review systems for dental care has begun under auspices of the American Dental Association. The purpose is to determine what existing systems seem to be suited for broader implementation.

**RESIDENCY IN PEDODONTICS.** The Children’s Hospital of Philadelphia and the School of Dental Medicine, University of Pennsylvania, are accepting applications for a two-year dental residency in pedodontics, beginning July 1, 1977. Further information and applications may be secured by writing to Dr. Manuel M. Album, Chief of Dental Services, The Children’s Hospital of Philadelphia,

One Children’s Center, 34th Street below Civic Center Boulevard, Philadelphia, Pennsylvania 19104.

**ASPD SEMINAR.** The North Carolina chapter of the American Society for Preventive Dentistry is providing a two day seminar, January 27-28, 1977. The speaker will be Dr. Herman Corn, and his topics will be “An Update in Preventive Dentistry,” and “Preventive Dentistry in Patients with Periodontal Disease.” This will be held at the Holiday Inn Four Seasons, Greensboro, North Carolina. Information can be obtained by writing North Carolina ASPD Chapter, 1219 Magnolia Street, Greensboro, North Carolina 27401.

**HEW AWARD.** More than \$381 million has been awarded by the Department of Health, Education, and Welfare to train physicians, dentists, nurses, and other health personnel with major emphasis on preparing practitioners for the Nation’s medically underserved areas.

**ORAL SURGEON RECEIVES APPOINTMENT.** Dr. Bill C. Terry, professor of oral surgery, University of North Carolina, Chapel Hill, was recently appointed general chairman of the American Society of Oral Surgeons (ASOS) Committee on Scientific Sessions.



Dr. Bill C. Terry



*How slow the Shadow creeps; but when  
'tis past  
How fast the Shadows fall. How fast! How  
fast!*

HILAIRE BELLOC

# EDITORIAL

## THE ANSWER

Such a title might be an inducement to read this page. If it should, in reality provide the reader with an answer, just how many *would* read it anyway. The Printer and your Editor may be two of very few that would even bother. We as dentists do a lot of talking to ourselves, and some dentists even go so far as to talk to each other. Some dentists even listen. Some are willing to spend countless week-ends talking and reasoning together, while others go uninformed, of their own volition, and what lip service they provide is in the form of a complaint about someone else not attending to the problems of the profession while they play golf, run their boat, or enjoy other pleasures that a successful practice has provided. Don't misunderstand, they have earned these occasional pleasures and they have earned the right to earn them, but along with them should be an obligation to keep up the mortgage on the house that others have built. You see this house was not constructed so well in some ways, and frequent reconstruction and up-keep are important. Perhaps the proposed reorganization of the Executive Committee might dispel some of the lethargy, but it is doubtful.

We have always had the pleasure of going our own professional way, without being censored by many outside. We had better start thinking in alternative courses of action that may enable us to survive in a free enterprise practice system that is good for those we serve and our profession.

A number of years ago your Editor attended a meeting of physicians which concerned themselves with medicare, as he was a representative of The North Carolina Dental Society on The North Carolina Health Council at that time. This was a local meeting which consisted largely of physicians. Expecting to hear vibrations on how the Federal Government was taking over, he was surprised to hear how elated were many of these medical professionals on how promptly they were being paid for services they had rendered to patients. This was a human reaction indeed. Such statements as "I have been performing surgery for persons who are slow to pay or never can pay, and after completion of the necessary papers, the check comes in promptly." Uncle Fed had dangled bait in front of their eyes and they took it. Obviously, Uncle Fed was fishing in shallow water. He knew though, that by being a fisherman of patience and varying the bait, he would eventually get the whole school of fish and other varieties as well. For those who do read, there are now instances of alleged fraud as some fish gorge themselves and get all they can, as quickly as possible. The competition may become more predatory in scope and the bait will be carefully rationed through a

costly bureaucratic system that takes its toll from all, except Uncle Fed, and he could propose various concepts to keep the votes going his way. He won't fail to raise his salary and *freeze ours* if he is so inclined either. All suffer, but at the end of the delivery line the patient may suffer the most.

I am quite sure many of the members of The North Carolina Dental Society heard the first debate of the presidential candidates. You heard one use a dentist as an example of one taking advantage of tax loopholes. The example was that of investing \$100,000 in a million dollar speculation. Just how many American dentists could make such an investment? This hypothetical case was mentioned along with the \$50 martini lunch bunch.

Our image suffers enough already as we don't have a Marcus Welby or Dr. Gannon. Instead we are given the image portrayed by the scatterbrain Jerry on the Bob Newhart show.

The private practice of dentistry, presently, is paying approximately twice the percentage in operating cost than percentage increase in fees for service. The dentist must be imaginative and resourceful to do this and survive to serve. However, in private enterprise with an ethical and professional attitude and pride prevailing, hopefully he may continue.

Somehow we must curb the appetite of this hungry fisherman or we will be at his mercy, *if we aren't already*, and the ecology of the entire lake will be thrown out of balance. The unselfish purposes that we serve are threatened as is our own wellbeing as a noble profession which cares for the people it serves.

What is the answer? I don't really know but collective constructive thinking will help. Bargaining may be better than losing everything. This is where we could go to one another's hanging, unless we become hard dedicated, united bargainers for good dental health. The minority are in a poor bargaining position, so we should be strong, knowledgeable on matters of the delivery of dental health care, and certainly united. A lot of homework must be done, and not by just a few in the class.

Our first assignment could be studying the issues and then going to the polling booths. I am going to vote. It is just one vote but it ain't peanuts.—RJS

*"Here richly, with ridiculous display,  
The Politician's corpse was laid away.  
While all of his acquaintances sneered and  
slanged.*

*I wept; for I had longed to see him hanged."*

HILAIRE BELLOC



# GUEST EDITORIAL



## From Babylonia to "Painless Parker"

HARRY GOLDEN

EDITOR'S NOTE: Harry Golden was born in Austria-Hungary in a province which now belongs to the Soviet Union. He came to America as a child and later attended City College of New York. He has worked for "The New York Mirror," "The New York Post" and "The Charlotte Observer."

His first book "Only in America" sold 2,300,000 copies. He has written many books, one of which is a biography of Carl Sandburg. He is now working on his twentieth book entitled "America, I Love You."

Mr. Golden states "I count myself to be a newspaper man, an American, a Jew, a Zionist, and a Democrat."



Carl Sandburg and his biographer Harry Golden  
(l-r Mr. Golden and Carl Sandburg)

If Raymond Burr can address the lawyers' convention in Hawaii and Ben Casey can deliver a lecture to the physicians in Denver then I can write an editorial for the dentists, for I know as much about dentistry as Raymond Burr knows about law or Ben Casey knows about medicine.

There's nothing in this world as bad as a toothache. You can have lumbago, arthritis, headache or any one of the other aches or pains that "flesh is heir to," but you can function. You can go about your business and, even go to a dance or a ball game. But with a toothache you are completely immobilized; you are at a standstill and there is nothing you can do to help yourself.

The concern with a toothache is something you can never forget. I myself remember as a boy some 60 years ago, the coming into the neighborhood a horse and wagon, with a character known as "Painless Parker" who extracted many teeth, often the wrong ones, accompanied by the wails and cries of the victims. To this day, I remember the many people who stood around the wagon with distress on their faces waiting for their turn with "Painless Parker."

William Shakespeare who knew everything wrote:

*For there was never yet philosopher  
That could endure the toothache patiently*

The Babylonian Talmud written about 500 B.C., lists several remedies for toothache, the most important being a pinch of salt and the eggs of a grasshopper. The term for artificial teeth in the Talmud, *shen tethobeth*, (literally a

tooth set in) may have been made from the tooth of an animal or from wood.

Centuries later it is known that artificial teeth and gold mountings existed in Roman times, but the care of teeth was crude, and it wasn't until the 19th century that dentistry became recognized as a separate and important science.

But for years after that the dentist dealt chiefly with extractions and the making of false teeth. It was not until the first decade of this century that dentistry came into its own with much less emphasis on extractions and more on the saving of teeth.

The big development in the history of modern dentistry has been the elimination of fear of the dentist. Children particularly have been educated to this elimination of fear of the dentist and the waiting room of the practitioner is full of smiling and chattering children which tells its own story.

I interviewed the late Bernard M. Baruch on his 90th anniversary, and I asked him for advice on the secret of a long life, and he said "keep your teeth." I took his advice and went immediately to a dentist and asked for a full-dress job. It was the best investment I ever made.

It was been a long pull from the Talmud's pinch of salt and the eggs of a grasshopper to the wooden teeth of President George Washington down to "Painless Parker" right up to the present day of the root canal and the elimination of fear. But it speaks well for the victim who has become a patient and for the betterment for society and it's health.

A young man lived with his parents in a low-cost public housing development—He attended public school, rode the free bus, enjoyed the free lunch program. After graduating from high school, he entered the Army and after discharge kept his National Service Life Insurance. He then enrolled in Ohio U., using his G.I. benefits.

"Upon graduation, he married a Public Health nurse, bought a farm with an FHA loan, then went into the feed and hardware business with help from the Small Business Administration. His first baby was born in the county hospital, built partly with government funds.

"He bought more acres and obtained

emergency feed from the government; put part of his land under the Eisenhower Soil Bank program and used the payments for not growing crops to help pay his debts. His now elderly parents were living comfortably on the smaller of his two farms, along with Social Security and old age assistance checks.

"Rural Electrification Administration supplied lines, and a loan from the Farmer's Home Administration helped clear the land; the government stocked a pond with fish, and guaranteed him a sale for his farm products.

"He banked his money in an institution which a government agency insured for every depositor. His son attend O.S.U. Engineering

School, under the National Defense Education Act, and his daughter is in nurse's training under the Nurse's Training Act. He signed a petition seeking federal assistance for an industrial project to help the economy of the area.

"About that time, he bought business and real estate property at the county seat, aided by an FHA loan; was elected to an Office in the local Chamber of Commerce. He wrote his Congressman protesting excessive government spending and high taxes: "I believe in individualism and oppose all Socialist trends. People should stand on their own feet."

—By Senator Stephen Young, from Arthur Jones's *The Decline of Capital*



# PRESIDENT'S REPORT

When one ponders over this satirical description of governmental intervention into our lives, it frightens one to realize how insidiously this situation has developed, and yet it is not too difficult to understand how people and institutions are enticed or even forced into participation of programs when financial aid is the motivation factor. In today's highly competitive way of life, whether it be personal, business, or educational, if the survival of one's effort depends on money, one is tempted beyond reasonable defense to apply for such. The glare from the hope for financial aid often blinds one from recognizing the fact that one might be sacrificing the quality of one's program or product in order to qualify for such a grant. Unfortunately this has become a "way of life" for us in many instances. It is indeed a sad commentary that quality of our programs or products might be sacrificed in order to take advantage of such aid. If this is indeed the situation, what has happened to the moral stamina to resist? Is the competitive atmosphere of private enterprise that has characterized America's society beginning to work in reverse, and eventually destroy us from within? Is it possible that the very principle that made this country so great might be the cause for our demise? These are disturbing questions and I don't presume to have the answers.

How do we combat this seemingly inevitable and insidious intrusion into our lives? In spite of the many examples of the submission of our society to governmental intervention, I believe the private enterprise system plays a very large part in the answer to this question. That system, however, is under

tremendous pressure and is vulnerable to partial or complete destruction.

I believe we must establish the fact that private enterprise is what we believe in and to what we must commit ourselves. Then we must carry our convictions to our legislators, our educators, to our people in influential positions, and to our fellowman who has not stopped to realize what is happening to him. We must be convincing on our witness that acceptance of such financial aid from big government must be eventually and inevitably paid for by *all* of us—not just those who reap the immediate benefit of such programs. Increased government spending means increased taxes on *all*. It is as simple as that.

How do we relate this to dentistry? Simple: Our private practice is private enterprise. Assuming we are convinced that this is the best method to deliver dental health care to the public, anything or any program that threatens the quality of that method of dental health care delivery is that degree of threat to that philosophy. If a governmentally funded program "dangles the carrot" of dollars in front of us with qualifications or contingencies that erode at our basic fundamental philosophy, we must resist.

Any effort to change for the worse, whatever philosophy we accept, must be resisted. It must be realized, however, that repeated categorical resistance without a positive alternative is negativism. This thought leads me to the activity of the North Carolina Dental Foundation.

The North Carolina Dental Foundation has recently

A native Wilmingtonian, President Buck Barden is happiest during the fishing season dressed in khaki pants and shirt with a rod and reel in his hand and during the cold months of hunting season in the duck blind with his Labrador, "Hoss."

Buck Barden attended public school and was graduated from New Hanover High School in 1937. Following his graduation from high school, he attended Brevard College for two years where he was president of the student body, a member of the football team, a member of the school's male quartet, and also sang with the concert choir.

After working in Washington, D.C. for the Chesapeake and Potomac Telephone Company for two years, Buck enlisted in the Naval Air Corps. Upon completion of his training he flew carrier based aircraft in the Pacific Theatre and in 1946 was awarded the Sil-

ver Star and the Air Medal for gallantry in action against the Japanese fleet. Buck has continued his interest in the Navy through the years, as an active member of the U.S. Naval Reserve Dental Corps and was recently selected for promotion to rank of captain.

Dr. Barden was graduated from Emory University School of Dentistry in 1950. While attending Emory he was a member of Xi Psi Phi dental fraternity and served as this organization's vice-president during his senior year. Upon graduation he was elected to membership in Omicron Kappa Upsilon, the National Honor Society of Dentistry.

In June of 1948 he married Mary Ann Cheatham of Wilmington. Dr. and Mrs. Barden have two daughters. Their daughter, Janet, is a practicing dental hygienist in Charlotte and is married to Robert M. Stout. Bob is manager of the

Archdale Branch of Southern National Bank. Connie, their younger daughter, is a registered nurse practicing in the cardiac care unit in North Carolina Memorial Hospital, Chapel Hill. Her husband, Larry W. Nissen, is a senior dental student at the University of North Carolina.

Dr. Barden has been active in community activities since he began his practice of dentistry in Wilmington in 1950. He has served as a director of the Brigade Boy's Club, the Wilmington Chamber of Commerce, the Wilmington Kiwanis Club, and has participated in many fund raising drives for these organizations as well as many others in the community. In 1955 he was chosen Man of the Year of the Kiwanis Club for his participation in their medical and dental care program for the members of the Brigade Boys Club, an organization designed to aid disadvantaged boys in the city. Buck is also a member of the staff of New Hanover Memorial Hospital and Cape Fear Memorial Hospital.

A member of the First Presbyterian Church of Wilmington, Dr. Barden has served as a deacon for many years and as an elder since 1970.

He has served his profession as secretary-treasurer and president of the Wilmington Dental Society, secretary and president of the 5th District Dental Society, member of the Executive Committee of the North Carolina Dental Society, and a member of the North Carolina State Board of Dental Examiners from 1961 to 1970. While a member of the State Board of Dental Examiners, he served two terms as its president. He has served on the Long Range Planning Committee, two terms as chairman of the Dental Education Committee, and secretary-treasurer of the North Carolina Dental Society before being elected to the post of president-elect.

He is a fellow in the American College of Dentists, a member of the American Society of Dentistry for Children, a member of the Demerit Pedodontic Study Club, a member of the North Carolina Society of Anesthesiology, a member of the American Association of Dental Examiners, and a member of the Academy of General Dentistry.

launched a fund drive primarily based on this type of logic—if we want our school to be free of the shackles that come with federal money, then we must provide the necessary capital to preclude that compromise. The foundation will control the resources and will award funding to the school to preclude the school's having to accept certain federal money and thereby conform to guidelines of the Federal Government. In return our school holds the responsibility to assure those solicited that it will hold to its original ideals and standards and utilize their money in such a responsible manner.

I believe it is not only in our best interest but also that of the citizens of North Carolina to support this fund drive. I urge you to consider very seriously a significant pledge.

Suffice it to say we are facing an era in which it behooves us to be informed with what is happening in our legislature or we stand to lose what we believe in as the best method of dental health care delivery for all concerned. Your legislative committee, consisting of Freeman C. Slaughter, James E. Furr, John L. Thompson, Jr., Colin P. Osborne, Jr., and D. W. Seifert, Jr., is doing a tremendous job keeping up with current legislative bills and determining what portions thereof are important to dentistry. They, in turn, are informing your officers, executive committee, and delegates of these issues so we can act effectively on your behalf.

Never forget, however, that every legislator has teeth and consequently has a dentist, and the most effective lobbying is done on a one-to-one basis.

R. B. BARDEN, D.D.S.  
Wilmington, N. C.





J. B. Freedland, D.D.S.

## Sharing in the Quest for Excellence

J. B. Freedland, D.D.S.\*  
Charlotte, N. C.

The genesis of the Dental Foundation of North Carolina followed in the wake of a project, funded by interested dental practitioners, to survey the dental needs of North Carolina to determine if a dental school should be established. Subsequent to this survey, the school was approved by the legislature and construction was begun in 1950. During the first year of the school, the Dental Foundation of North Carolina was formally chartered with all of the contributors of the survey becoming its first Board of Directors.

Although the Dental Foundation has been both pleased and interested in funding dental projects outside of the School of Dentistry, e.g., Community Colleges, the primary objective of the Foundation has been the support of the School of Dentistry. There is merit to this direction which is well expressed in the foreword of a publication, *The Cost Study of Dental Education* published in 1965. "Dental education is indeed the steward of the profession, since it is vested with the responsibility of providing adequate numbers of qualified dentists and auxiliary personnel, and furthermore, extending the frontiers of knowledge through research and study. Dental education, as reflected by the associated schools remains the fountainhead for the standards as well as progress of the profession."

As the School of Dentistry completes the celebration of its Silver Anniversary, no one can deny that it has achieved a level of recognition and excellence that should be a source of pride for all of us in North Carolina. Each of us must share in the responsibility to ensure that the achieved level of excellence is maintained and that the resources necessary for this continuance are provided. Declines in state and federal financial support have created a situation which attaches a new and significant importance to private gifts. In some instances, it becomes desirable and preferable not to accept federal support if such aid places an undue burden on the facilities and faculty that will in any way impair or retard its ability to achieve the desired level of excellence. It is, therefore, a responsibility that we must assume to keep the dental school free of such encumbrances.

In the 25 years of our existence, the Dental Foundation has received \$1,010,683.21 in contributions. In this interim there have been occasions for an accelerated response from the dental profession to aid and support special issues that concerned the growth and development of the dental school. Each instance was successful and much credit belongs to the profession for their interest, effort, and support.

A detailed listing of the issues which presently confront us will be presented to each of you in the immediate months ahead. We are currently engaged in a

program to secure the necessary support. Dr. James A. Harrell, Sr. has assumed the Chairmanship of the Annual Giving Campaign. He has structured the planning so that every dentist will have the opportunity to share in this project. This field activity will be conducted by a corps of volunteers in every district and section of the state, and will carry the full story of need, in a very personal way, in the area in which every dentist lives and practices.

Concurrent with the plans for the Annual Giving Campaign, Mr. G. R. Babcock, President of Pelton & Crane Company and a Director of the Dental Foundation has already initiated a campaign to solicit selected leaders of North Carolina Corporations. This is an innovative project suggested by him that has already brought to us the knowledge of new friends of dentistry along with contributions that can be anticipated annually.

There are a number of non dentists, non dental affiliated corporations, and private foundations who have expressed their interest and support of the dental school through the Foundation in both restricted and unrestricted gifts. It is difficult in this expression to give you a full report of this resource thus far, or its magnificent value and potential for the future. It would be an invaluable aid to us if each of you would identify such potential friends of dentistry so that we may join with you in setting up an opportunity to better acquaint these individuals with den-

\* President, Dental Foundation of North Carolina, Inc.

tistry, its objectives, and its meaningful contribution to the dental health of the citizens of this state.

The related areas of our profession, e.g., supply houses, laboratories, and manufacturers have demonstrated tangible support from our inception. In a recent example, Pelton & Crane and Healthco underwrote the expenses of Parents' Day and the administrative expenses incurred in formulating the final organization and plans of this new and valuable group. The Foundation and the dental school were greatly pleased with the response of the parents, and we have great expectations for the future from this organization. The ad hoc Steering Committee is an impressive one and is comprised of interested individuals from the fields of law, education, and industry.

The North Carolina Dental Auxiliary has been a constant source of financial support through their annual Amalgam Scrap Collection. In recognition of their importance, the Dental Auxiliary now has representation on the Board of Directors of the Foundation. They have also approved a project to initiate a collection of dental items of historical significance as a beginning for a dental museum to be established in the School of Dentistry.

The Private Dental Service of the School of Dentistry has recently made a gift of \$5,000 to be applied to the Annual Giving Campaign. Both Dean White and former Dean Bawden have extended themselves in searching out and securing financial support from in-

dividual, industrial, and financial sources in the state. They have been encouraged in many areas by contributions and expressions of interest that have been invaluable in meaningfulness and potential.

In May of this year, the Foundation received a grant of \$288,380 from the Kellogg Foundation for support of our statewide survey to determine dental care needs and to demonstrate a method of developing a national policy regarding dental manpower. The information gathered in this study will be compared to a similar study conducted 15 years ago to determine changes in patterns of dental disease in the state. The press release of this grant explained that this current study represents the most extensive survey of dental health conditions undertaken in any state in the United States. While the Dental Foundation is responsible for the study, personnel and resources of several cooperating agencies will be involved. The Research Triangle Institute, the Dental Health Section of the North Carolina Health Services Research Center, and the Schools of Public Health and Dentistry will participate in conduct of the study.

The criteria for the study were formulated by the Research Triangle Institute and used in its general-purpose household (GPS) sample. There has been some misunderstanding on the part of some dentists who merely observed or learned of one portion of the sample taken and concluded that some bias may have been present in the

sample formula. For your information and clarification, I would like to quote a paragraph from a Research Triangle communication to avoid any current or future misunderstanding employed for this survey.

"The GPS (general-purpose household sample), as its name suggests, was not developed solely for this dental survey, but, rather, constitutes the basis for a variety of data collection activities in the State. RTI has used this basic survey technique in numerous State and national surveys. The technique has proven versatile and efficient and has resulted repeatedly in accurate estimates about the sought after populations characteristics. Additionally, the precision of these estimates can readily be ascertained from the sample data."

We need your attention, your interest, your constructive criticism, and your moral and financial support. The Dental Foundation of North Carolina is a supplement to and not a substitute for any of the present structured organizations in dentistry. It is quite essential that we use economics as a tool and resource to facilitate that which we aspire to achieve. Who among you could have predicted the changes that have taken place these past 25 years—The changes in concept, the technological changes, the transition in equipment, the constant flood of new data evolving from research in the biological and clinical sciences? A most cordial invitation is extended to each of you to share in the future of dentistry through the Dental Foundation.

# Tradition of Excellence in Dental Health

Jacob Koomen, M.D., M.P.H.\*

*Editor's Note: This article is being published simultaneously in the November issue of the North Carolina Medical Journal.*

Commencing in May, aided by a grant from the W. K. Kellogg Foundation, North Carolina began a searching evaluation of its preventive dental health program.

Substantially, that program is carried out under the aegis of the Dental Health Section of the Division of Health Services, although, as this paper will later delineate, private dentistry and a number of other institutions and organizations are partners in the marked preventive thrust of dental health in North Carolina.

That the Kellogg Foundation awarded the substantial grant of \$325,000 to measure the state's progress in dental health connotes the foundation's awareness that the preventive program in this state is exceptional. There are other indicators: In 1972 the American Dental Association gave its first Preventive Dentistry Award to the preventive dental health education program. Leaders in both organized dentistry and in public health seem tacitly to recognize, and continue to articulate, that North Carolina's dental public health program, in its comprehensiveness and in its depth, is without peer. Visitors from throughout the country come here to learn how it is done.

Neither the evaluation grant nor the recognitions are accidental. There has been a sure and steady growth in dental public health in North Carolina for over a half century.

It seems to me that there are at least seven distinguishing features of the preventive dental health program in our state:

1. *It is a cooperative venture.* It enjoys not only strong support but also heavy involvement from the North Carolina Dental Society, other allied dental professional organizations, the UNC School of Dentistry, the UNC

School of Public Health and the N. C. Department of Public Instruction, to mention only a few.

2. *Prevention is, indeed, the major focus.* Reduction of dental disease, not simply the treatment of disease, is the objective.

3. *Health education, in its most classical sense, is at the very heart of the program.* By health education I mean a way of working with people which encourages not only their participation in self-care programs but also their involvement in community effort on behalf of dental health.

4. *The program has great visibility.* There are 38 dentists and 28 dental hygienists directly serving 69 counties and providing some service to remaining counties. They reach hundreds of thousands of children, teachers and parents annually, with treatment arranged for needy children and education given all. The General Assembly, cognizant of the visible service statewide, has in three of its last four sessions, approved special funds for expansion of the preventive dentistry program.

5. *Diversity characterizes the program.* Community fluoridation, rural school fluoridation, a fluoride mouth-rinse program in schools, in-service training for private dentists in preventive techniques, training of teachers in preventive methods and nutrition for dental health, and preventive dental health education in classroom and community are components of the program.

6. *The program is built upon scientifically assessed needs.* North Carolina is the only state in the Nation which has been epidemiologically mapped for dental disease. It is against complete data developed in the early 1960s by Drs. John T. Fulton and John T. Hughes that we will match the results of the 1976-78 Kellogg Studies to determine what progress in dental health has been gained through the extensive preventive activity.

7. *The program operates under a strong 10-year plan.* That plan was de-

veloped by the Dental Health Section in 1973 in concert with its partners, previously noted, and aims specifically at reduction of dental disease by 25 percent in the population 20 years and younger and 40 percent in the population 10 years and younger by 1983.

## Foundations

The dental public health program has a rich history.

As early as 1896, Dr. J. M. Parker spoke to the North Carolina Dental Society, which was organized in 1856, about the need to appoint dentists to examine the mouths of school children, remarking that the school age was one of the most important periods in a person's life and one when dental attention was most needed. In 1908, the first scientific paper on the need for dental education of school children was presented to the society. In 1910, Dr. J. C. Watkins, president of the dental society, called, in his presidential address, for a permanent committee on oral hygiene whose mission would be the improvement of dental health through education of all the people of the state. The committee was established and gave impetus to the rise, in many communities, of school programs which were manned by private practitioners. As the role of the dentist-as-teacher gained emphasis, Dr. R. M. Squires of Wake Forest, a crusader, remarked: "The true function of both medicine and dentistry is to prevent the ill's they are called upon to cure."

Prior to 1914 there were few references to physicians' awareness of the relationship of unclean mouths to systemic disease. It was about this time, in dental circles, that mention was made of the stress the Mayo brothers laid upon the impact of dental health on total health. Dr. William Sydney Thayer of Johns Hopkins was reportedly insisting upon careful examination of the mouth before he would render a physical diagnosis.

Then, out of the medical profession in North Carolina came the call for a strong oral hygiene program within the State Board of Health: Dr. George M. Cooper, Director of the Bu-

\* Given before the annual meeting of the North Carolina Medical Society and the Commission for Health Services, May 8, 1976.  
Reprint requests to Dr. Koomen, 225 N. McDowell Street, Raleigh, North Carolina 27602.



reau of Medical Inspection of Schools, within the Board of Health, delivered in 1918 a ringing appeal to the annual meeting of the dental society at Wrightsville Beach to heed the dental condition of North Carolina's children. (His subject was "Preventive Dentistry," the very title given today to the progressive movement within the dental field.) Dr. Cooper's facts, his focus on the need for cooperation between medical and dental professions, and his personal persuasiveness stirred the dental society to pass this resolution:

"Resolved that the North Carolina Dental Society heartily endorse the plan of the State Board of Health as outlined by Dr. G. M. Cooper and that we pledge him the loyal support of this Society." The society supported an appropriation in the Legislature to help initiate a school dental health program. As a quick sequel, the first school dentist began work in Nash County on July 10, 1918.

The first dentist was appointed to membership on the State Board of Health in 1919. Two years later the first supervising dentist was employed for state level work; also in 1921 the purpose of the dental program in schools was fixed: 1) relief of pain and suffering and 2) education to the awareness of the need for good dental health.

Dr. Ernest A. Branch was called from the private practice of childrens' dentistry in Raleigh to assume, in 1929, the supervisory position in dental public health; for five years prior to his private practice he had demonstrated the efficacy of dental public health in Wake County. One of the early things Dr. Branch did to equip himself for the pioneering statewide endeavor was to take special courses in child psychology, educational methods, visual education and public speaking. From then on, in his colorful and inimitable way, he stumped the state for the cause of dental education in schools and communities.

By 1931, Dr. Branch had organized the Division of Oral Hygiene within the State Board of Health; it was to be the first *state* dental public health pro-

gram in the nation. Five years later, in his zeal to prepare his local dentists well for their tasks, he helped to establish the institute of Public Health Dentistry within the UNC School of Public Health; this was another national first. In 1941, the Division of Oral Hygiene occupied its own building.

Dr. Branch's novel ideas for teaching dental health became legend. His Little Jack Puppet Show, which made its debut in 1935, traveled up and down the roads of North Carolina. Manned by puppeteers from the Carolina Playmakers and changing its script every two years, the Little Jack Show was beloved by millions of North Carolina schoolchildren for three decades.

Throughout his dynamic tenure, Dr. Branch and his talented and loyal staff, although ministering to the treatment needs of children who could not afford a private dentist, continued to advocate and to demonstrate that public health education was their primary objective. The concepts and the activities of Dr. Branch won honors for this public health statesman here at home and throughout the United States.

### New Era of Prevention

Dr. E. A. Pearson, Jr., who came both from private practice and dental public health, succeeded Dr. Branch in 1959. Early in his administration the scientific survey of dental disease problems in North Carolina previously referred to was carried out by Drs. Hughes and Fulton, aided by a Public Health Service grant.

These definitive data became the basis for future planning.

Concurrent with the period of the study, dental public health, with another Public Health Service grant, organized and held a series of 36 seminars for private dental practitioners on oral cancer screening. Chosen to organize these seminars was a professionally trained health educator. In the course of her work she visited nearly all the dentists in the state, inviting them into interest in both the seminars and in dental public health.

Fluoridation became a focus of the program in the middle '60s. A North

Carolina Citizens Committee for Dental Health was established to help prosecute the fluoridation movement. That committee lobbied successfully for funds from the Legislature to match local funds for the purchase of fluoridation equipment. Both community fluoridation and rural school water fluoridation began to expand. Today there are 87 communities adjusting the fluoride levels in their water supplies; the water supplies of 26 communities have naturally the optimum levels of fluoride. The rural school water fluoridation program initiated in the late '60s is now the largest such system in the nation; there are 106 rural schools fluoridating, covering some 44,000 children who do not have access to community fluoridation.

Although prevention had been an underpinning of the dental health program since its inception, in the 1970s a new movement was rising in the entire field of dentistry; dental public health, along with progressive private practitioners, became a part of it. Out of dental research laboratories had come the identification of the agent responsible for both dental caries and periodontal disease. That agent is plaque — a sticky, colorless film enveloping food particles, bacteria and bacterial exudate (acid); it forms continuously on the teeth. Plaque thrives best in sheltered areas between the teeth, in the pits and fissures of the tooth surface, and around and just below the gumline; these are all areas difficult to reach by ordinary brushing methods. If not thoroughly removed daily by special brushing and flossing techniques, plaque takes its toll of both teeth and gums.

The dental research findings clearly indicated that the individual had as much, if not more, responsibility for his dental health than did his dentist. Preventive-minded dentists in North Carolina took up the cause of self-care; one of them authored an article in his hometown newspaper titled, "Home Care Key to Dental Health."

Out of the 1970 sessions of the North Carolina Dental Society came resolutions advocating a strong preven-

tive dental health program which would embrace fluoridation, fluoride treatments for school children, education of the dental professionals on how to incorporate self-care education into their practices, and plaque control education in schools and communities.

The society established first an Ad Hoc then a permanent Committee on Preventive Dentistry. Its membership included dental society, dental public health, community colleges training dental auxiliaries and the UNC School of Dentistry.

Teaching the potential teachers of the new plaque control techniques became the first mission of leadership in both organized dentistry and dental public health. Many workshops were conducted, none more important than six which were held across the state in 1972 for 600 private dentists and their auxiliaries. All the workshops for professionals, and later for leaders in consumer organizations, were joint endeavors of preventive-minded private practitioners and dental public health personnel. A new climate for preventive dental health was set throughout North Carolina.

With education ascending to dominance in the dental public health field, Dr. Pearson, with the concurrence of public health and dental leaders, elected to place dental hygienists in local health departments which desired them. (Special legislation, approved in 1971, permitted employment of hygienists to function primarily as educators under supervision of regional dental consultants.) They were sought for work in both schools and communities.

In 1973, as new plaque control and other prevention methods gained public approval, the demands for dental hygienists and rural school water fluoridation increased. Leadership within the entire field of dentistry felt that the dental public health program should be financially strengthened in order that it might become, even more, a focal point for prevention activity which would reduce dental disease. The North Carolina Dental Forum, a consortium embracing representatives from all organizations within the scope of dentistry, employed, with the help of a federal grant, a consultant of national prominence, Dr. Frank E. Law of Bethesda, Md., to help draft a 10-year plan for prevention, outlining goals for the Dental Health Section of the Division of Health Services and its supporters.

The Law Report became the 10-year plan unanimously adopted by the Dental Forum and accepted by the Dental Health Section. The prevention goals incorporated in the document were communicated to the General Assembly by members of the Dental Society and other friends, such as agricultural extension leaders. The 1973 General Assembly appropriated special expansion funds for dental public health.

Dental leaders and the Dental Health Section had long sought a stronger alliance with the N. C. Department of Public Instruction; now the 10-year plan advocated it. In August, 1973, following a meeting of dental, public health and educational representatives, that link-up was consummated. From the deliberations came the Steering Committee for Preventive Dental Health Education in North Carolina Schools. The coalition includes the N. C. Department of Public Instruction, the Dental Health Section, the UNC School of Dentistry, and North Carolina Dental Hygienists' Association and the North Carolina Dental Assistants' Association.

From this steering committee, which meets every month, have come plans and programs which have greatly augmented preventive dental health education in the public school system. Immediately, 10 pilot demonstration counties, with private dental practitioners as coordinators, were established and a "Teachers Guide to a Preventive Dental Health Education Program in North Carolina Schools" was developed by health educators in the Dental Health Section.

As of today, the school efforts have expanded to include all counties of the state with greater concentration in those counties served by public health dentists and hygienists. As goals of the 10-year plan are achieved, more and more counties will be served by dental public health personnel assigned to them. By the early 1980s it is hoped that every county will be covered.

The school phase of the preventive dental health program now includes these elements:

—106 fluoridated rural schools (school fluoridation must be requested by the local school board).

—179,267 school children in 492 schools on a weekly fluoride mouth-rinse program. (All children involved have received parental permission to participate.)

—3,707 elementary schoolteachers trained by dentists, hygienists and health educators in dental disease, all methods of disease control, nutrition for dental health, accident prevention, and methods of teaching dental health.

—38 dentists and 28 dental hygienists working with teachers in the kindergarten and elementary classrooms to teach prevention to the children. Nearly 300,000 children were reached with preventive education last year.

—38 dentists providing dental care to needy school children. (Both dentists and hygienists orally screen all school children under their purview. Children who have a dentist are referred.)

### The Evaluation

The tremendous evaluation process being initiated this summer will provide data which should show, among many other things, whether all the efforts and all the taxpayers' funds expended are producing favorable results. Needless to say, we are confident. As per a promise to the General Assembly, our lawmakers will know the facts as will the public. Detailed analysis of the data will tell us to what degree various facets of the overall program are helping curb dental disease. And, for the benefit of the North Carolina Dental Society, the survey will reveal where the dental manpower needs are most critical in the state.

### Conclusion

Dental disease is, of course, the most widespread of all diseases within our populace. Ninety-five percent of our citizens will experience dental disease, in some form, within their lifetime unless faithful self-care and professional dental care intercept the processes.

A World Health Organization expert committee on dental health noted in its 1970 report: "Dental health cannot be separated from general health since oral disease may be a manifestation of or an aggravating factor in some more widespread systemic disorder. Consequently, action taken to improve or maintain dental health may be very important in safeguarding general health."

The Dental Health Section of the Division of Health Services, in tandem with its concerned partners in the private field of dentistry, are — through prevention — making singular contribution to the general health and well-being of the citizens of North Carolina.

# NEW EXECUTIVE DIRECTOR APPOINTED



Mrs. Joyce B. Rodgers

Mrs. Joyce B. Rodgers has been appointed Executive Director of the North Carolina Dental Society effective October 15, 1976. Mrs. Rodgers comes to this new position from Montgomery, Alabama where she was Executive Secretary of the Alabama Dental Association. Mrs. Rodgers is a native Kentuckian and moved to Ohio at an early age. She attended the University of Cincinnati and majored in business administration.

Mrs. Rodgers has been employed by the Ford Motor Company as a Secretary; Purchasing Agent for the College of Music in Cincinnati; and Secretary to Senator Robert Taft, Jr.

In 1959 her family moved to Alabama where she first became involved

in association work. She was Administrative Assistant to the Executive Director of the Alabama League of Municipalities for nine years prior to assuming her immediate past position as the Executive Secretary of the Alabama Dental Association. She worked in this later capacity for seven years.

Mrs. Rodgers has two sons and two grandsons.

She states "I am looking forward with high expectations to living and working in North Carolina, especially to my new job with the North Carolina Dental Society!"

Welcome to North Carolina, Mrs. Rodgers. We are delighted to have you as our new Executive Director.

## What Is Your Diagnosis?

E. Jefferson Burkes, Jr., D.D.S., M.S.\*



### HISTORY

This is a 70-year-old male who was seen by his dentist because of a painful enlargement in the left hard palate. This mass had been present for several months with slow enlargement and recent ulceration and pain. Clinically, the mass was hard and firmly attached to the underlying tissues. The patient was taking medications for hypertension, but was otherwise healthy. Past dental history was poor with only emergency care. Radiographs were not helpful in visualizing the lesion.

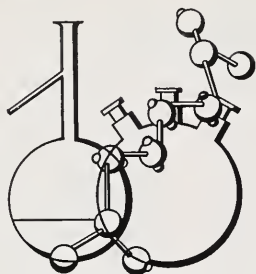
### Differential Diagnosis

1. Dental abscess
2. Salivary gland tumor
3. Fibroma
4. Carcinoma of the antrum

(Answer page 26)

\* Director, Oral Pathology, U.N.C., School of Dentistry.





## inside dental research

### A Brief Look at the Past, Present and Future

Philip F. Hirsch, Ph.D.\*

With the Dental Research Center at the University of North Carolina at Chapel Hill entering its 10th year, it seems appropriate at this time to review the past, to summarize the present, and to make some projections for the future. It is also timely that I write this article now, for I have just completed my first year as the Director of the Program. Although a faculty member since 1966, my previous associations with Center personnel were limited to contact through teaching activities and mutual research in calcium metabolism. My appointment at this Center in 1975 coincided with the preparation of the eighth year Annual Report and the submission of a Competing Renewal Grant Application to the National Institute of Dental Research (NIDR). The preparation of these documents afforded me an overall view of the program and gave me the opportunity to develop concepts for future activities and objectives.

Through the foresight of Dr. John C. Brauer, the first Dean of the UNC School of Dentistry, funds were raised in the early 1960's to construct the Dental Research Center, a 44,000 square foot building in the Dental School complex. The funds were obtained from the Dental Foundation of North Carolina, from a grant from the National Institutes of Health and from the University. Fortunately, the building was under construction when NIDR initiated a Regional Center/Institute



Philip F. Hirsch, Ph.D.

Program, which has as its major objective to broaden and strengthen the scientific base which underlies the national capability to improve oral health. Because of its strong position in health-related research, the University of North Carolina was selected as the site for one of five regional centers; the other four are located at the Universities of Alabama, Michigan, Pennsylvania and Washington.

The first Director of the Regional Institute Program was Dr. Andrew D. Dixon. He began in 1967 to build a program of research which concentrated on the theme, "Growth and Development of the Craniofacial Region." Scientists, most of whom had never be-

fore been associated with dental research, were recruited to extend the limited research strengths in specific areas that already existed at Chapel Hill. At the end of the fifth year, when the program was well established, Dr. Dixon reviewed the status of the Center in this *Journal* (January, 1973).

Major administrative changes occurred when Dr. Dixon resigned in July 1973 to become Dean of the School of Dentistry at UCLA. Dr. Gary R. Smiley became the Acting Director and served in this position until my appointment became effective. Beginning in 1973, there was a period of restricted and uncertain funding from NIDR which limited the projected growth of the Center and lowered the morale of the investigators. At the time of my appointment in May of 1975, the funding picture had improved somewhat so that an enthusiasm for our work and an assurance for continued success of our program was apparent.

The accomplishments of the program at Chapel Hill under the leadership of Dr. Dixon and Dr. Smiley are laudable. There are presently some 20 full-time scientists performing research in the program, and with part-time staff members, postdoctoral support, technical, administrative and clerical staff, the total number involved is 90. Not counted in this total are associate members and other collaborators within the University, in neighboring universities in the region and extending to many other universities and institutions in the United States and abroad. The pro-

\* Director of the Dental Research Center and Professor of Pharmacology, The University of North Carolina at Chapel Hill.

gram, originally funded almost exclusively by the Institute Grant from NIDR, is now supplemented from State funds for a limited number of supportive positions, and by individual research grants. The research efforts are so extensive that much work is performed at sites on this campus other than at the Dental Research Center building, achieving for our program the "University-based" concept outlined in the Guidelines for Dental Research Institutes and Centers published by the NIDR. For this and other reasons we think it preferable to call our program the "Regional Dental Research Institute Program."

Progress on research projects has been meaningful, leading to some 254 papers in scientific journals and 57 chapters in books since the Program was begun.

For organizational purposes, the Institute Program at Chapel Hill is divided into six areas: Biomaterials Research, Growth Mechanisms, Hemostasis Mechanisms, Immunological Mechanisms, Mineralization Mechanisms, and Neural Mechanisms. However, on a more practical basis, the investigators within one programmatic area form active collaborations with those in other areas to utilize the expertise necessary to achieve the diversified specific aims of the research projects. Currently, the research still follows the theme originally set by Dr. Dixon. However, I feel more comfortable with the addition of the word "function", to make the theme: "Growth, Development and Function of the Craniofacial Region."

Many of the projects carried out in our program have an immediate and practical application, while others add to our basic understanding of processes and functions that must be correlated with other findings to make them applicable in a clinical situation. Such applications that are or may be useful soon to the practitioner include the following:

1. The determination of the amount of tissue or acrylic that is required to obtain adequate speech in patients with cleft palates or other deformities of the oral cavity.

2. A pinned coaxial screw device for rapid alignments of maxillary segments in newborn babies with bilateral cleft palate. An improved self-actuating device is being developed.

3. The evaluation of the clinical performance of restorative materials and

of finishing techniques affecting the marginal integrity and corrosion resistance of amalgams.

4. The identification and elimination of blood clotting factors found in some commercial preparations of Factor IX concentrates that have led to some fatalities.

5. The control of acute and chronic oral-facial pain.

The basic and clinical research with specific long range goals are listed below for convenience under current and projected group activities. Hopefully, much of this work will lead to practical application for the clinician and to an improvement of oral health in the population.

Biomaterials research is devoted to developing new and better materials, particularly polymers, for use in dentistry. A major effort of the group is to study systematically the structure and mechanical properties of polymers of differing molecular weights and compositions. Other studies concern ways to control temperature of polymerization by use of multicomponent systems; evaluate the effects of porous implants of poly (methyl methacrylate) on biological tissues; and improve wear properties and reduce friction of dental and medical appliances via composite coatings. The program also includes investigations of ceramic and composite materials for implant applications and of alloys with low precious metal content for use as cast restoratives.

Growth mechanisms research includes, in part, the effect of tooth eruption on vertical growth and malocclusion and the effect of malocclusion on speech patterns. The group is highly concerned with the embryology of facial development, especially the migration of neural crest cells and the influence of drugs on neural crest and other cells in the etiology of cleft palate. A study on the effect of growth-promoting hormones on the salivary gland is also in progress.

Hemostasis research involves the study of factors influencing blood clotting with special emphasis on wound healing in oral-facial tissues. Efforts are directed to elucidate the mechanism of conversion of prothrombin to thrombin and the role of platelets in the process of hemostasis; to develop chemically modified forms of coagulation factors that will prolong their *in vivo* half-lives; and to understand the role of naturally-

occurring inhibitors of blood coagulation and the role of saliva in the hemostatic mechanism.

Immunology research is concerned with the role of the cellular and humoral immune responses in the pathogenesis of chronic periodontal disease; the influence of chronic inflammation on periodontal disease; the identification of chemotactic substances in gingival tissues obtained from normal subjects and patients with periodontitis; the effects of hormonal changes during puberty on the immune response and its relationship to periodontal disease; and with studies on the basic nature of the immune response, especially the development and expression of the receptor site on lymphocytes.

The mineralization mechanisms group is involved in a joint project designed to answer the question: "Does vitamin D at physiological dose levels have a direct action on bone?" Part of the project is devoted to understanding the changes occurring in bone collagen in vitamin D deficient animals. The molecular mechanisms involved in the maturation of collagen during aging are also being examined. Other studies involve the role of the osteoblastic lining cells in regulating ion transport between the fluid that bathes bone mineral and the general extracellular fluid; the physiology of thyrocalcitonin using both *in vivo* and *in vitro* methods; the role of the enzyme, collagenase, involved in the control of bone matrix resorption; characterization and function of the acid phosphatase enzymes found in teeth and bones; and a study of enamel formation and trace element uptake and distribution using *in vivo* and *in vitro* techniques.

Neural mechanisms research involves a clinical study to evaluate factors that influence the initiation of acute and chronic pain; a basic study mapping cytoarchitecturally distinct regions of neurons in the post central gyrus contributing to the representation of the head and face in the monkey; analyses of the projections onto the somatosensory cerebral cortex with a unique combination of electrophysiological and anatomical techniques; the cellular localization of enzymes and biomacromolecules important in cell metabolism and function of the afferent trigeminal system with direct non-disruptive cytochemical techniques; effects of peripheral nerve injury on

(Continued page 26)

## Vestibuloplasty for a Medically Ill Patient

Robert L. Seymour, D.D.S.

&

Lawrence S. Seftlin, D.D.S.

Charlotte, N. C.

Over 20 million Americans are 65 years of age or over. The aged have increased proportionally from 2.5 per cent of the population in 1850 to over 15 per cent today.<sup>1</sup> Modern research and medicine can reasonably be expected to increase the human life span so that life into the mid-to late eighties would become commonplace. Already, the United States population over 75 years of age is increasing at two and one half times the rate of the general population.<sup>1</sup> With an increasing social consciousness that health and health care are rights to be guaranteed or even under-written by the government, a formidable prosthetic — restorative problem faces the dentists of America.

Although age does not necessarily predicate edentulousness, it is probable that in the future more years will exist between the breakdown of the system, and the end of life than exist now. This will require longer periods of artificial denture wearing leading to profound effects on nutrition, appearance, and general health.

A survey ten years ago found there were 37,700,000 denture wearers in the United States with more than half having complete upper and lower dentures.<sup>2</sup> More than 42 per cent of these denture wearers stated that they have trouble with their dentures. It is reasonable to assume that if the survey had focused on the lower complete denture patients only, the percentage expressing difficulties would have been greater.

Numerous efforts have been made to help these patients increase their ability to wear lower dentures. These include bone augmentation, metal implants and vestibuloplasties with various grafts.<sup>3,4,5,8,11,12,13</sup> Most of these procedures require a medically healthy pa-

tient that can tolerate a general anesthetic due to the type of surgery.

Progressive atrophy of the alveolar bone following extraction of the teeth is physiologic. This is frequently considered and awaited by the prosthodontist before constructing prosthetic replacement. However, abnormal or excessive atrophy of the alveolar bone, coupled with a loss of good tissue cover, presents insurmountable problems to the prosthodontist and to the patient in wearing the unstable complete denture, particularly in the mandible.

Alveoplasty at the time of extraction of all patient's teeth frequently is recognized as necessary to properly prepare the mouth for dentures. The dentist also should be able to recognize and select certain patients who would benefit from a vestibuloplasty, at the time of extractions or at a later date before denture construction.

There are two basic procedures utilizing local anesthesia (Kazanjan 1935, Clark 1953). The difference between the procedures is the position of the initial incision. In the Kazanjan method an incision is made in the lip and the flap is developed toward the alveolar bone. In the Clark method the incision is made at the crest of the alveolar ridge.

Both procedures rely upon secondary epithelization for healing. Neidhardt (1963) reported regression of the vestibular depth varies from 20-80 per cent with these procedures. Patients treated by the present author have experienced 30-40 per cent regression using a modification of the Kazanjan method. A case report is presented to illustrate the advantages that this procedure offers to the patient and prosthodontist.

### Case Report

A 73 year old male was referred for evaluation of the lower mandibular ridge before construction of a complete denture. The patient had a poorly fitting maxillary denture and presently was not wearing his lower denture. The mandibular ridge was fibrous in nature. The labial vestibule was reduced because of the atrophy of the mandibular alveolus. (Fig. 1)

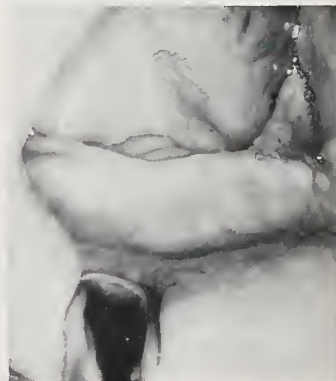


Fig. 1

The patient had mild hypertension that was being controlled with a diuretic; diabetes that was controlled by diet alone; about fifty pounds over weight for his age and stature; and had cataracts removed from both eyes in the past years. These facts including his age were believed adequate to rule against elective general anesthesia.

### Operative Procedure

Bilateral mandibular block anesthesia (1 per cent xylocaine with 1:100,000 epinephrine), a long buccal and lingual injections were given. The



hyperplastic tissue from the crest of the alveolar ridge was removed. After excision, the buccal and lingual tissues were approximated with 4-0 dextron suture.

A labial incision was made in the area of the lip designated to be the ultimate vestibule. Sharp dissection was carried inferiorly and lingually until bone was encountered.

Fibrous tissue under the flap was excised, so that the flap would lay next to the labial bone in a smooth fashion. A dehiscence was made in the periosteum at this level to aid in stopping the regression of the depth of the vestibule. The labial flap was sutured to the superior edge of the dehiscence. The incision in the lip was then undermined and the edge sutured at the depth of the vestibule. (Fig. 2) A previously prepared acrylic stent was used to retain the vestibule until healed. This stent was over extended into the labial vestibule and left in place for seven days and maintained by circummandibular wires. (Fig. 3)

Upon removal initial healing had taken place and within two weeks a denture was constructed. (Fig. 4&5) This denture was extended to the new vestibular depth which aids in stopping regression. (Fig. 6)

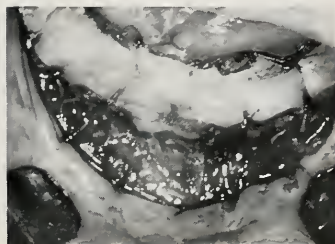


Fig. 2

Advantages of the procedure described are 1) increased stability of the mandibular denture, 2) use of only local anesthesia, 3) restoration of masticatory function, and 4) only one surgical site.

Disadvantages of the procedure in-

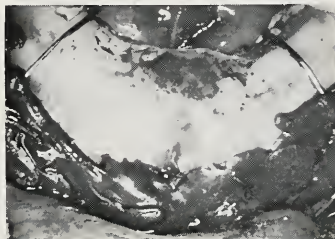


Fig. 3

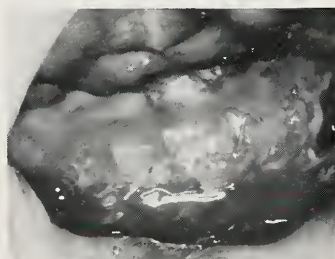


Fig. 4



Fig. 5

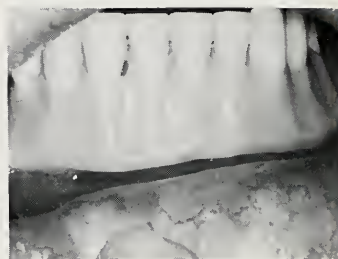


Fig. 6

clude 1) peripheral scar, and 2) a possibility of 20-40 per cent regression.

## Summary

The procedure described offers a service to the patient that is not able to withstand another type of preprosthetic surgery. It not only aids the patient greatly, but gives us the dentist a possible answer to one of the problems of the elderly edentulous patient.

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Cheryl Kearney, C.D.A.

# North Carolina Dental Assistants Association



## PRESIDENT'S MESSAGE

Just as the butterfly goes through various distinct changes as it transforms from the caterpillar to the lovely colorful butterfly; so does man in his strife for increased personal potential and success in life.

Dentistry today is a dynamic profession with constant changes taking place in knowledge, technics and philosophy. Continuing education is the only means of keeping abreast with these changes.

I am confident that you are interested in continuing education for the auxiliary personnel in your office. The American Dental Assistants Association, the North Carolina Dental Assistants Association, and Component Societies of the North Carolina Dental Assistants Association offer many opportunities for dental assistants in your office. The main objective of these professional organizations is that of education.

The North Carolina Dental Assistants Association offers approximately 45-50 hours of continuing education a year. This includes the five district meetings, March seminar, Annual Session in May, and the Past President's Workshop in August.

The American Dental Assistants Association offers several hours of continuing education at the Annual Sessions each year. This year the Fourth District of the ADAA held a workshop in Charlotte offering 12 hours of education for the dental assistant.

The component (local) societies throughout the state offer approximately 12 hours or more of continuing education a year.

For the dedicated dental auxiliary who is interested in self improvement and success, continuing education is easily obtained through the ADAA the NCDAA and Component Societies of the NCDAA.

If your auxiliary personnel are interested in obtaining membership in these professional organizations, please encourage and support them in their efforts to join. Membership may be obtained by writing to NCDAA Secretary Kathy Pagoota, 2801 Athens Pl., Charlotte, North Carolina 28205. Kathy will accept the application for membership and forward the application and dues to the ADAA for processing. Dues which include membership in all three organizations are \$37.00 yearly. Membership entitles the individual to group rates with several types of insurance, reduced registration fees at educational meetings sponsored by these organizations, and an opportunity to meet other dental assistants throughout the state.

The "Spirit of Achievement in '76" was the theme of the NCDAA 26th Annual Session in Southern Pines last May. It has been a year of achievement for the NCDAA. There were 536 members, student members, guests, and student guests registered at the meeting. The educational programs were well attended and the table clinics were outstanding.

The NCDAA has a total membership of 727 members including 168 student members, as of July 1. This total membership will allow the organization (12) delegates to the 52nd

Annual Session of the ADAA in Las Vegas, November 14-18.

In my last message to you, I listed one of our goals for the year as that of registration for the dental assistant. A resolution was passed by the NCDAA at our Annual Session in May supporting registration for the dental assistant. This resolution was presented to the Dental Society in May at their Annual Session. This resolution has been referred to the NCDS-NCDAA Liaison Committee for further study and recommendations.

Because of these steps toward registration, dental assistants throughout the United States have been accused of being aggressive. The *ADA News* warns that "some dental assistants don't realize that they are trying to bite the hand that feeds them" and that "they are liable to bring on a backlash from practicing dentists that they didn't ask for."

Dental Assistants are not making outrageous demands; they ask only that their employers recognize monetarily their assistants' educational achievements and certification.

As for collective bargaining and unionization, I would guess that most dental assistants do not wish to go that route. For more than fifty years, dental assistants have been hoping that their employers would promote their best interests, would recognize certification and educational achievements, and would set adequate salary scales; but after half a century of negative results, assistants have finally determined that

(Continued page 29)

# North Carolina Dental Hygienists' Association



## Year of Impact

Gail H. McLean, R.D.H., M.P.H., Editor



1975-76 President Laura Jeanes Pendleton presenting the gavel to 1976-77 President, Pam Euliss.

1975-76 for the North Carolina Dental Hygienists' Association was a year of impact . . . a year of pressing firmly together to accomplish new and greater goals.

In May, 1975, Sharon Gartman of Olson, Williams Associates, Inc., Raleigh, was employed as Executive Director of the Association. Under the direction of Sharon and the Executive Board, several major projects were initiated.

One of the first projects was the establishment of a Job Placement Service though the Association Headquarters Office. Announcements of the service were printed in the *NCDHA Newsletter* and the *North Carolina Dental Journal*. Letters describing the service were sent to all dental hygiene schools in the state. Through cooperative efforts of the schools, dentists and hygienists, the placement service is working.

Another project begun was a membership recruitment campaign. All hygienists who received a North Carolina license to practice dental hygiene in 1975 were contacted about joining

NCDHA. This campaign resulted in 69 new members. All newly licensed hygienists in 1976 are being contacted for membership.

In January, 1976, in conjunction with the mid-year meeting of the Executive Board, a meeting of Junior American Dental Hygienists' Association (JADHA) members was held in Raleigh. Over 225 hygiene students representing all seven of the state's schools attended this two day session. Scientific papers and table clinics were presented by students from each school, a panel discussion on career options in dental hygiene was presented, and a member of the North Carolina State Board of Dental Examiners discussed the dental hygiene licensure examination. This meeting was so enthusiastically received by the students that it will become an annual event.

January 1976 brought in a new Constitution and By-Laws for NCDHA. The new Constitution provides a House of Delegates as the governing body of the Association. The previous five district components have been subdivided

into eleven smaller component societies, represented by elected delegates to the House and by one trustee to the Executive Board. This will allow more feedback and liaison between the Board and each individual member, providing more "grass roots" involvement. The By-Laws provides the classification of *Allied Membership*. An Allied Member may be any individual not qualified for Active or Life Membership, supporting the goals and objectives of the Association.

Standing Committees of Liaison between NCDHA and the North Carolina Dental Assistants' Association and NCDHA and the North Carolina Dental Society were hard at work during the year planning and implementing projects such as continuing education programs, joint annual scientific sessions and joint social events.

Other projects under study at this time are a group insurance plan for members; the development of a North Carolina Junior Membership Division; the development of an active Associate Membership Division; and the presentation of more educational workshops and seminars to members.





# first district news

James B. Macomson, D.D.S., Editor

## "One Man's Family"

Dr. C. S. "Charles" McCall, who practiced dentistry in North Carolina for 42 years before his death in 1963, left a remarkable legacy of influence and inspiration to his four sons and two of his grandsons who followed in his footsteps to also become dentists.

Dr. McCall received his undergraduate degree from Berea College and his D.D.S. from Atlanta Southern (now Emory) in 1919. First beginning his dental practice in Cliffside, he later moved to Forest City.

Dr. McCall married a classmate whom he met while she was living in the home of her uncle, who was a dentist.

The tradition of professionalism in the family extended not only to Dr. McCall's four dentist sons but also to his daughter, Margaret who is a registered nurse.

First to continue the dental tradition begun by his father was Dr. McCall's eldest son Dr. Charles William "Bill" McCall, Sr., who attended Wofford College and received his D.D.S. from Atlanta Southern in 1940. Bill practices in Tryon, N. C. Quick to credit his father's inspiration, Dr. Bill McCall, Sr. says, "My father's influence brought me into dentistry. I have never regretted that decision."

Dr. Bill McCall, Sr. must have much of the same influence that his father had over others because practicing dentistry with him in Tryon are his two sons, Charles W. "Bill" McCall, Jr. and John "Mark" McCall. Bill Jr., graduated from Wofford College in 1963 and UNC School of Dentistry in 1967. Before joining his father, he practiced with the U.S. Army in Budingon, Germany. He realizes the influence of a family tradition of dentistry and explains, "Having a family so in-



Dr. C. S. McCall

involved in a single profession gave me the opportunity to see all sides of dentistry. The result has been a very satisfying family association in dental practice."

John "Mark" McCall graduated from Wofford College in 1967 and from UNC School of Dentistry in 1971. He practiced with the U.S. Army in Zweibrueck, Germany before joining his father's practice. Influenced by other dentists in his family, Mark relates, "My family had frequent get-togethers and I could see that my father and uncles and grandfather had a keen interest in their work and derived much satisfaction from it. Seeing this over a period of years I developed a feeling that dentistry would be a worthy profession."

One of these uncles is the second of Dr. Charles McCall's four dentist sons, Dr. Robert S. "Bob" McCall who

practices in Marion, N. C. Bob graduated from Atlanta Southern in 1943. A son is a pharmacy student at M.U.S.C. in Charleston, S. C. and a daughter is a Certified Dental Assistant for the McDowell County Health Department in Marion, N. C.

Dr. Clyde N. McCall, third son of Dr. Charles McCall, reasons for going into dentistry with one word, "Tradition!" Now practicing in Stanley, N. C., Clyde received his A.B. from Berea College in 1950 and his D.D.S. from UNC School of Dentistry in 1954.

In addition to "tradition in the family," Dr. "Glenn" Wesley McCall, Sr., the fourth son of Dr. Charles McCall, lists his enjoyment in working with people as a major reason for his entering the dental profession. An Emory University School of Dentistry graduate, Glenn practices in Landrum, S. C.

As amazing as the strong dental tradition may seem among direct descendants of Dr. Charles McCall, his family is also related to three Doctors McCall from Spruce Pine, N. C. Dr. Howard W. McCall, a graduate of Emory School of Dentistry, is a Colonel in the U.S. Army and presently commander of the dental detachment at Ft. Bragg, N. C. Colonel McCall will retire this year after thirty-two years in the Dental Corps. Dr. Robert W. McCall is a 1974 graduate of UNC School of Dentistry and a Lieutenant in the U.S. Navy Dental Corps. in Okinawa. Dr. Forest S. McCall is a 1976 graduate of UNC School of Dentistry and will practice in Burnsville, N. C.

Truly the numerous Doctors McCall have made and will continue to make a most notable contribution to the dental profession, especially in North Carolina.



Left to right: John McCall, Charles W. McCall, Jr., Charles W. McCall, Sr., Robert S. McCall, Clyde N. McCall, Glenn W. McCall.



## Scrap Amalgam Drive

The North Carolina Dental Auxiliary will conduct their annual scrap amalgam drive during the week of November 1-5. Members of the Auxiliary will contact all dentists in the state, seeking contributions of scrap amalgam, scrap gold, used mercury, as well as *cash* donations. All contributions are tax deductible.

Through the generosity of the North Carolina dentists, the 1975 Scrap Amalgam Drive was most successful. The sale of amalgam to the refinery amounted to \$10,487.51, and cash donations from specialists and others amounted to \$789.50 for a total of \$11,277.01.

All proceeds go to the North Carolina Dental Auxiliary Fund. The State and District Auxiliaries and the assisting dental supply companies absorb the costs involved. A grants Review Committee composed of auxiliary members and members of the Board of Directors of the Dental Foundation decides on the allocations of the monies. A most profitable distribution of these funds has been as "seed money" to get good programs started which can later be funded by a permanent source. Grants have been made to help pay salaries of dental hygienists at the Veterans Administration Hospital, Broughton Hospital, and the Murdoch Center. These worthwhile programs are now funded by the state. Money was given to the Dental Society to successfully obtain passage of a bill that provides a million dollar preventive dentistry program in North Carolina. The amount of \$725 was spent for a Children's Preventive Dentistry Program at Morehead Planetarium, and \$7,500 was used for dental student loans.

Working as district chairmen will be Mrs. James Macomson in the First District, Mrs. H. R. Wilkins in the Second, Mrs. W. T. Wilkins in the Third, Mrs. Malcolm McAllister in the Fourth, and Mrs. Ken Gibbs in the Fifth. The Thompson Dental Supply Company and Codesco-Keener Supply have graciously offered their assistance in the collection of scrap amalgam as they have in previous years.

This is the Dental Auxiliary's only state-wide fund-raising drive. It cannot be a success unless the dentists are ready with their contributions when a Dental Auxiliary member calls at their offices during the first week of November. Together we can show our concern for the future of dentistry in North Carolina.

MRS. BENJAMIN W. BROWN  
Scrap Amalgam Chairman



Mrs. Grace W. Brown



# second district news

Jim A. Harrell, Jr., D.D.S., Editor

## Those Who Serve

Dentistry is rich with people who serve their profession. The Second District Dental Society is certainly no exception. Featured here are four of our distinguished leaders.



Robert M. Wilkinson, D.D.S.

**Robert M. Wilkinson.** The new president of the second district is a general practitioner from Winston-Salem. Bob Wilkinson has served the Forsyth County Dental Society as Secretary - Treasurer, Vice - President, and President. A member of the second district since 1961, Bob has served on many committees, and as Vice-President. He serves also in the North Carolina Dental Society House of Delegates. A graduate of U.N.C., Bob was recently inducted into the American College of Dentists. Bob and his wife Sue have two children, Robert, Jr. and Susanne. In his community he was on the Forsyth County Health Planning Council and he is a Sunday School teacher and a member of the administrative board of his church. Under Bob's leadership 1976-77 should be another good year.



Jacob B. Freedland, D.D.S.

**Jacob B. Freedland.** Dr. Jacob Freedland, a Charlotte endodontist, is the current president of the North Carolina Dental Foundation. Dr. Freedland, a renowned lecturer internationally, is a past president of the second district society. He has served as consultant to the A.D.A. Council on Dental Education, President of the American Association of Endodontists, Vice-President of the American Academy of Dental Medicine, director and editor of the American Academy of Dental Practice, Chairman of the American Institute of Oral Science, and on the editorial board of the *Journal of Oral Surgery, Oral Medicine, and Oral Pathology*.

Jake has been honored by the Charlotte Dental Society, the American Association of Endodontists, Omicron Kappa Upsilon, and he received the Thomas P. Hinman Medallion for Meritorious Service. He is a Diplomate of the American Board of Endodontics, a Fellow of the American College of Dentists, and the International College of Dentists. A graduate of Emory University, Jake and his wife Charlotte have two children.



J. Harry Spillman, D.D.S.

**J. Harry Spillman.** Dr. Harry Spillman, a general practitioner from Winston-Salem, was recently elected Secretary-Treasurer of the North Carolina Dental Society for a third term. He is currently the director of the second district for the annual giving campaign of the North Carolina Dental Foundation, President of the Carolina's section of the American College of Dentists, director in the North Carolina Association of Professions, a member of the Winston-Salem Board of Health, and a commissioner of the Community Development Program.

Harry has distinguished himself in service to state and local dental societies. He is a past president of the Forsyth County Dental Society, past president of the second district, and has held all the offices which lead to those posts. As a worker in the state society he is the father of the Hygiene Program in North Carolina serving as the chairman of the committee at the time of its inception.

A graduate of Emory University, he and his wife Nancy are the parents of three children. None are as tireless as this worker for dentistry.





Kenneth D. Owen, D.D.S.

**Ken Owen.** The immediate past president of our second district society has demonstrated service to dentistry. Ken Owen is presently Secretary-Treasurer of the North Carolina Orthodontic Society and an executive committee member of the North Carolina Dental Foundation.

Before his election as president he served the second district as Editor and Secretary-Treasurer for three terms. He has been a delegate to the North Carolina Dental Society for seven years. Ken has been president of the North Carolina graduate chapter of Delta Sigma Delta, twice president of the Orthovista Study Group, an assistant clinical professor at U.N.C., and president of the U.N.C. Orthodontic Alumni Association.

A graduate of U.N.C., Ken and his wife Aven are the parents of two children.

#### Differential Diagnosis

1. Complex odontoma
2. Cementoma
3. Osteoma
4. Osteogenic sarcoma

(Answer page 29)

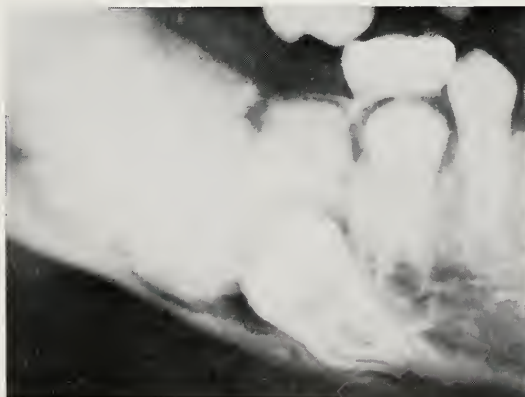
## DENTAL FOUNDATION NEWS

### FOURTH TOPS OTHER FOUR

The Fourth District Dental Society took the lead at its kick off meeting of campaign leaders, in Raleigh on October 9. Dr. Mitchell Wallace, Fourth District Campaign Chairman, announced that 11 dentists have pledged \$28,500 over a five year period. The Dental Foundation of North Carolina, Inc. conducted its first annual Giving Campaign this Fall. The campaign drive was scheduled for completion by Nov. 1, 1976.

## What Is Your Diagnosis?

E. Jefferson Burkes, D.D.S.\*



#### History

This radiopaque mass was discovered in the left mandible of an 11-year-old female. Her parents had noticed slight enlargement of her jaw and retarded eruption of her first molar. She reported no pain or problems in the area. She had no significant past medical history and no history of trauma or significant dental treatment.

\* Director, Oral Pathology, U.N.C., School of Dentistry.

## WHAT IS YOUR DIAGNOSIS?

### Diagnosis

A mass such as this must be biopsied in order to make a diagnosis. If this were an abscess, drainage of pus or detection of a devital tooth or periodontal pocket should be present. Other evidences of inflammation such as redness and heat should also be present. The location and firmness of this lesion are compatible with a salivary gland tumor. The ulceration over this mass and the pain, plus the presence in a minor salivary gland is suggestive of a malignant tumor. Biopsy of this lesion proved it to be an adenoid cystic carcinoma. This malignant tumor is the most common minor salivary gland tumor. It has a tendency to metastasize up perineural lymphatic channels, hence the potential for pain. The fibroma would be unlikely because of location and history. It may be a firm lesion, however, and be present in the age range of this patient. A very good thought for this lesion is the possibility of an antral carcinoma. The age range is compatible, however this patient did not have difficulty breathing through his nose or diplopia. Radiographs will usually show clouding of the sinus if there is a space-occupying lesion such as cancer in the antrum. There was no change in the sinus radiolucency.

### Hirsch—

(Continued from page 17)

morphology and somatosensory function in experimental animals as well as in human subjects studied in the multidisciplinary pain clinic research unit of the Dental Research Center; studies on the effect of *diabetes mellitus* on salivary glands and their innervation; and the relation of the cell biology of vital processes of steroid-sensitive cells of submandibular ducts to ultrastructural morphology.

Now, I would like to turn to the future of our programs. As a Regional Dental Research Institute, we have a mission, indeed an obligation, to the dental practitioners, to the research community, and to the public to conduct research to improve oral health. Furthermore, we must communicate our findings and applications to the practitioners and the public. Though

the job seems enormous, the benefits are sufficiently rewarding to make the challenge worthwhile. Indeed, we are optimistic about our future, for through our endeavors, advances in science will be made. We are confident of this because we have assembled in this Institute a group of capable scientists with a variety of interests and expertise in clinical and basic areas working collaboratively in a modern academic environment. But, as a further challenge, we must extend our research efforts—we have here a unique opportunity to synthesize ideas to help solve oral health problems.

Some of the important problems to which we can direct, or are already directing our attention, include: 1) the cause and development of chronic periodontal disease and the prevention and treatment of periodontal disease and bone loss after multiple-tooth extraction; 2) the treatment and prevention of cleft palate and other craniofacial anomalies; 3) the cause and treatment of acute and chronic orofacial pain; 4) prevention and treat-

ment of oral soft tissue diseases including cancer; 5) the role of nutrition in oral health; 6) the management of bleeding disorders in dental patients; and 7) the development of improved materials for clinical restorations.

While we at the UNC Regional Dental Research Institute will direct our attention to these important problems, we must not ignore research areas in which the results have no apparent immediate clinical application. We must strike a judicious balance between time devoted to clinical research directed to the prevention and treatment of oral diseases, and to basic research that will gather knowledge and seek a better understanding of all aspects of oral biology. With adequate funding, continued cooperation of the research staff, and an increasing clinical involvement by the medical and dental clinicians to identify problems and develop solutions, we can make rapid progress in dental research, leading to significant contributions in improving oral health and achieving answers to problems that seem unsolvable today.

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## Minutes of Executive Committee

RALEIGH, NORTH CAROLINA

July 31, 1976

*Call to Order.* The Executive Committee convened on Saturday, July 31, 1976, at the Velvet Cloak Inn in Raleigh, N. C. Dr. Robert Watson, Chairman, called the meeting to order at 10:00 a.m.

*Roll Call.* Officers present: R. B. Barden, President; R. B. Litton, President-Elect; D. W. Seifert, Jr., Vice President; J. H. Spillman, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

*Executive Committee members present:* Robert Watson, Chairman; M. W. Wallace, H. E. Maxwell, G. R. Willis.

Others present: Dr. Ernest Small, Dr. Don Coffey, Dr. Charles Reap, Dr. Norman Grantham, President, Fourth District; Dr. Glen Bitler, Mr. Ferris Hoggard, Dr. Edward Butler, Secretary-Treasurer, Third District; Dr. Archie Johnson, Assistant Secretary for Health Affairs, Department of Human Resources; Dr. Gordon DeFries, Dr. Freeman Slaughter.

*Group Funded Plans Report.* Dr. Willis moved that the Report of the Group Funded Plans Committee be adopted as interim guidelines to serve members of the N. C. Dental Society in negotiating with Group Funded Plans, but substituting the following for the second point in the report: Radiographs will be available only in the dental office for examination by consultants for insurance companies.

Dr. Barden and Dr. Reap will work together on method of selecting consultants to implement this report.

*N. C. Society of Oral Surgeon's Report.* Dr. Ernest Small and Dr. Don Coffey reported that proposed guidelines for accreditation of hospitals by N. C. Medical Care Commission fails to mention dentists at all. Patients could be admitted by M.D.'s only. Dr. Coffey stated that a public hearing on the proposed guidelines is scheduled in December. He is hoping to get a copy of Federal Register soon and if changes in Social Security Act regarding hospitalization are favorable to dentists, this can be used by the dentists at the hearing. He suggested that the President of the N.C.S.O.S., President of N.C.D.S., Dr. Small, Dr. Ray White, and legal counsel be present at the hearing.

Dr. Wallace moved that Drs. Small and Coffey submit a detailed report to the Executive Committee including recommendations for N.C.D.S. action and position. Dr. Willis seconded and motion passed unanimously.

*State Health Coordinating Council Report.* Dr. Wallace reported that dentists are represented on all six Health Systems Agencies and that he, Dr. Wallace, is serving as a member of the State Health Coordinating Council. He and Dr. Archie Johnson, Assistant Secretary for Health Affairs, Department of Human Resources, gave background information on P.L. 93-641, the law that created these agencies. Dr. Johnson gave an extremely interesting talk on what the law currently does and some predictions of what the future ramifications of this law might be concerning the dental profession. He stated that what we should do now is assure that dental members of the HSA's and the State Health Coordinating Council attend all meetings and maintain close communications with the NCDS on activities at these meetings. He also stressed the importance of making sure dentists fill dental vacancies occurring on these Boards and the Council.

Dr. Maxwell suggested that the Ex-Directors of each HSA send minutes of their meetings to the Central Office for dissemination of important data to the dentists. Dr. Barden stated that he would follow up on this suggestion.

*Provisional District Executive Committee Members.* Dr. Edward Butler, Secretary-Treasurer, Third District, relayed a request from Dr. Rogers, President, Third District, asking that all District Presidents be advised to have elections at the District Meetings to select Provisional Executive Committee members. These nominees would become members of the NCDS Executive Committee if Constitution and Bylaws changes permitting this are voted affirmatively by the 1977 House of Delegates. Dr. Barden stated that he would so advise District Presidents.

*Manpower Survey.* Dr. Gordon DeFries gave a report on Manpower Survey. He stated that most of the past two years had been devoted to planning and that funding had delayed it somewhat. He said the survey consisted of three distinct parts— a) Epidemiology b) Manpower c) Productivity. He said the epidemiology phase, funded by Kellogg Foundation and carried out by CTI, was virtually complete. He explained the sampling method which had caused some confusion to dentists around the state. The second phase, manpower, poses no problem, he said, as the State Board of Dental Examiners had complete and accurate data available. Dr. DeFries said the third phase, productivity, is awaiting funding. He suggested that he, Ray White, Harold Maxwell, and Buck Barden appear as a group at the appropriate time before the Bureau of Health Manpower to seek funding. When funds are available, he will seek the help of the NCDS in identifying and getting permission to survey a random sampling of dental offices around the state. Dr. DeFries will furnish Dr. Barden with a simple explanation of sampling techniques so he can explain to membership.

*Report from Legislative Committee.* Dr. Freeman Slaughter explained the make-up of his committee. He briefed Executive Committee members on some of the problem areas facing the dental profession, FTC's intrusion into profession's Code of Ethics ban on advertising, national licensure, denturism movement, militancy on the part of some auxiliary groups, an apparent attempt at reversal of action taken at ADA House of Delegates forbidding expanded duties research. Dr. Willis moved that a letter of appreciation be sent to Senator Jesse Helms commending him for a speech he made upholding the tradition of high standards of health care for the public. Passed unanimously.

*Report from N. C. Hospital Education and Research Foundation.* Dr. Barden read a letter from Mr. William Henderson. He stated that three mobile dental van projects have started. In Elizabeth City, a private practitioner is manning a van with help from the local Health Department. In Boone, a mobile van project is working well after problems with eligibility were worked out. A third van, to operate in Clay and Cherokee Counties, has not been delivered yet.

*N. C. Citizens Conference on Public Health.* Dr. Spillman reported that this Conference was not relevant to the NCDS, but that the Preventive Program under Dr. Pearson's Department received a great deal of favorable publicity before an audience consisting largely of consumers.

*Executive Director Candidates.* The Executive Committee agreed that the Selection Committee would continue with their interviews. No decision was made as yet on candidates already interviewed.

*Report from Mr. Howison.* The Executive Committee discussed a letter from Mr. Howison regarding a newspaper announcement. Dr. Wallace moved that this matter be referred to the Ethics Committee of the NCDS for their investigations. Dr. Maxwell seconded. Passed unanimously.

*N.C.P.I.R.G. Questionnaire.* Dr. Spillman moved that the President of the NCDS, in close concert with Mr. Howison, draft a letter to the N.C.P.I.R.G. denying approval for dissemination of this questionnaire. Dr. Wallace seconded. Passed unanimously.



*Request for Remote Classification of Cape Hatteras Naval Facility.* Dr. Barden stated that this request was referred to the Federal Dental Services Committee and that in a telephone conference call, they deferred action in order to contact more of the area dentists. There was some sentiment in Executive Committee for approving this request if area dentists concur. Dr. Barden stated that he would follow up on this with Dr. Fred Hasty, Chairman, Federal dental Services Committee.

*Request from Cancer Committee.* Dr. Willis moved that \$100 be allocated by NCDS to this committee. Dr. Wallace seconded. Passed unanimously.

*Dr. George Johnson's Request.* Dr. Barden relayed a request from Dr. George Johnson that the State Agency concerned with dental treatment for handicapped children in N. C. be allowed to use NCDS letterhead. Dr. Willis moved that they be allowed to use NCDS letterhead at their expense and that the letters state that the NCDS is cooperating in this effort. Dr. Spillman seconded. Passed unanimously.

*Appointment.* Dr. Barden appointed the following Central Office Committee: Dr. Spillman, Chairman; Dr. Seifert, Dr. Wallace, and Dr. Litton.

Dr. Don Coffey was appointed to Board of Governors of N. C. Health Care Excess Liability Fund.

*Malpractice Suits.* Dr. Barden read a letter concerning rise in malpractice suits against dentists alleging failure to diagnose periodontal disease in their patients.

*Consultant Agreement with Robert Cherry.* Dr. Spillman reported conversations with Mr. Cherry regarding consultant fees. Dr. Spillman recommended that Mr. Cherry be allowed to retain his NCDS telephone credit card for telephone consultations and that Mr. Cherry be paid \$15 per hour portal to portal for consultation work other than telephone and that Mr. Cherry pay his own expenses. He also recommended renegotiating a fee for work involving a more long-term commitment, such as helping to plan the State Meeting. The Executive Committee accepted this recommendation.

*Next Meeting.* The next meeting was set for 9:00 p.m., Friday, September 10, at the Wilmington Hilton, Wilmington, N. C.

*Adjournment.* The meeting adjourned at 8:15 p.m.

## CHAPEL HILL, N. C.

August 28, 1976

*Call to Order.* The Executive Committee convened on Saturday, August 28, 1976, at the Dean's Conference Room of the UNC School of Dentistry in Chapel Hill, N. C. Dr. Robert Watson, Chairman, called the meeting to order at 3:00 p.m.

*Roll Call.* Officers present: R. B. Barden, President; R. B. Litton, President-Elect; J. H. Spillman, Secretary-Treasurer; R. J. Shankle, Editor-Publisher.

*Executive Committee members present.* R. H. Watson, Chairman, H. E. Maxwell, M. W. Wallace, G. R. Willis, D. W. Seifert, Jr.

*Caucus of N. C. Delegation to ADA.* Dr. Barden announced that Dr. Ralph Coffey had scheduled the Caucus of the N. C. Delegation for Friday night, October 15 and Saturday, October 16, at the Albert Pick Motor Inn at the Friendship Airport near Greensboro.

*Caucus of Fifth Trustee District Delegation to the ADA.* Dr. Barden announced that the Caucus of the Fifth Trustee District Delegation to the ADA would be held Saturday night, October 23, at 7:00 p.m. and all day Sunday, October 24, at the Atlanta Hilton Hotel, Atlanta, Georgia.

*Letter to Congressmen.* Dr. Barden exhibited a copy of the letter that he sent to Congressmen Broyhill and Preyer, explaining the N. C. Dental Society's position on the Health Manpower and Training Act now being considered by a joint Senate-House Conference Committee.

*Executive Director of the NCDS.* The Executive Committee had interviews with five applicants for the position of Executive Director of the North Carolina Dental Society. These applicants had been selected by the Search Committee out of approximately 45 candidates that they had interviewed. After the interviews, the following motions were made:

Dr. Wallace moved that Mrs. Joyce Rodgers be notified that she had been selected unanimously by the Executive Committee for the position of Executive Director of the N. C. Dental Society. Dr. Barden seconded the motion and it passed unanimously.

Dr. Willis moved that in the event Mrs. Rodgers, for any reason, is unable to accept the position of Executive Director, Dr. White be notified that he has been selected. Dr. Spillman seconded the motion and it passed unanimously.

Dr. Barden started a discussion of salary and benefits to be offered Mrs. Rodgers. Dr. Barden moved that the Chairman of the Executive Committee notify Mrs. Rodgers of her selection and that she be offered a salary of \$16,000 per year and to discuss with her, payment by the NCDS of her moving expenses and to discuss fringe benefits, including term life insurance, hospitalization benefits, and retirement programs.

*Newsletter.* Dr. Barden proposed that a Newsletter be sent out as soon as possible informing the membership of the Interim Guidelines developed by the Special Committee for Group Funded Plans and adopted by the Executive Committee. Drs. Seifert and Willis volunteered to work together to set up the consultants needed to implement these Guidelines.

*Mr. Cherry.* Dr. Barden informed the Executive Committee that Mr. Robert Cherry would work at the Central Office, Saturday, September 17, on a consultant basis.

*American Fund for Dental Health.* Dr. Barden read a letter from Dr. Robert Shira requesting that the NCDS give \$100 to the AFDH. Dr. Willis moved that the NCDS contribute \$100 to the AFDH. Dr. Wallace seconded the motion and it passed unanimously.

*Next Meeting.* The next meeting of the Executive Committee is set for 9:00 p.m., Friday, September 10, at the Wilmington Hilton Hotel, Wilmington, N. C.

*Adjournment.* The meeting adjourned at 7:00 p.m.

J. HARRY SPILLMAN, D.D.S.  
Secretary-Treasurer

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## Kearney—

(Continued from page 20)

they must look out for themselves. Inflation is cutting their meager earnings, and for some, it has become a matter of survival.

Now in this exciting time in history of our professions and nation, we have the choice to work together as professional individuals, and direct our energies and abilities toward positive accomplishments, or we can become disinterested and "turned off" and let opportunities pass us.

Dental assistants realize that they can reach their objectives more rapidly with the cooperation of the dental profession, and we hope that enlightened dentists everywhere will provide support and leadership for these goals in the years to come, just as many have in the years that have passed.

Thank you for your continued interest and support. Please feel free to call on the officers of the NCDAA at anytime that we can be of service to you and your assistant.

CHERYL KEARNEY, C.D.A.  
President, NCDAA

## Burkes—

(Continued from page 25)

### WHAT'S YOUR DIAGNOSIS?

#### Diagnosis

The first condition to be considered when the proper eruption sequence is disrupted is an odontogenic tumor. Radiographically, these odontogenic tumors may be variable in appearance, but usually are well-demarcated from surrounding bone. This tumor was diagnosed as a complex odontoma upon removal and decalcification. Cementomas are odontogenic tumors, but do not interfere with eruption. They occur in individuals older than this patient, are commonly associated with apices of mandibular incisors and may be seen in osteolytic, cementoblastic or mature stages. Osteomas, on the other hand, are uncommon lesions which are usually incidental findings unassociated with teeth. They are not well-demarcated and occur at older ages. Osteogenic sarcoma may present as a radiopaque mass with a radiolucent border or a "sun burst" calcification pattern. They may occur in this age group and should be considered because of the

significance to the patient. A biopsy is essential in ruling out this malignant disease.

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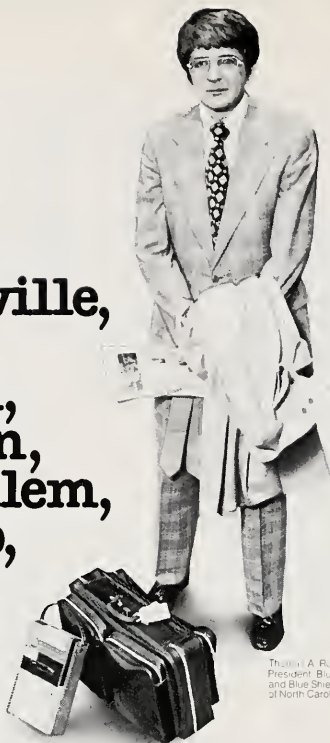
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"As President of Blue Cross and Blue Shield of North Carolina, I travel the state, getting first-hand information from people. Talking, questioning, listening. Trying to identify North Carolina's health care needs. And looking for new and better ways to respond to them.

"Take catastrophic illness coverage, for instance. We studied that first through scientific surveys and I researched it personally. The answer was clear: North Carolinians wanted catastrophic coverage. Now we offer \$250,000 Major Medical to our groups for just a little extra cost.

"Dental was the next-most-wanted coverage. We now offer an excellent dental program to groups of 25 or more employees.

"People want broad protection that's easy to use. For years our basic certificate has covered innovative services like same day surgery and pre-admission testing—without a hospital stay.

Last year we paid three times as many outpatient claims as inpatient.

"I know the people of North Carolina are concerned about the rising costs of health care. We're doing something about that, too. We conduct many programs designed to contain health care costs and keep subscriber rates at a realistic minimum. We're developing a new contracting agreement with hospitals and other institutions, and encouraging area-wide planning and new ways to monitor costs, like physician's peer review.

"Further, we've set up 11 Subscriber Advisory Councils across the state. They meet regularly and share with us their ideas and concerns about health care. We listen...and respond.

"Through our 19 local offices, we serve nearly half the people in the state. And all our service offices have terminals connected to our main computer. You can phone us with questions and get answers in minutes.

"Our latest innovation is sending personal monthly reports to

subscribers who have had claims. This Health Care Benefits Summary will show subscribers what their claims were for and how much their Blue Cross and Blue Shield coverage paid.

"We feel strongly that we owe it to all the people we serve to do everything we can to make North Carolina's health system the best in terms of service, efficiency, and economy. We think it is the best, but we're still looking for new ways to improve service. Next time I'm on the road, I'd like to see you and get your ideas, too."



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